

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
30 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-097-20,689-000/  
LEASE NAME Huck  
WELL NUMBER 1-19

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

1980 Ft. from S Section Line  
660 Ft. from E Section Line

LEASE OPERATOR Indian Oil Co., Inc.

SEC. 19 TWP. 30S RGE. 20 (X) or (W)

ADDRESS P.O. Box 209, Medicine Lodge, KS 67104

COUNTY Kiowa

PHONE# (316) 886-3763 OPERATORS LICENSE NO. 31938

Date Well Completed \_\_\_\_\_

Character of Well Oil

Plugging Commenced 9-3-99

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 10-5-99

The plugging proposal was approved on \_\_\_\_\_ (date)

by Steve Middleton (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation Cherokee Depth to Top 5120 Bottom 5145 T.D. 5160

How depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	631'	
				5-1/2"	5159'	3650'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set. Pumped into 8-5/8 a total of 300 lbs Hulls, 10 sx gel, 50 sx cement, 10 sx gel, 100 lbs Hulls, 8-5/8 wiper plug, 150 sx cement - 60/40 6% gel. Had max pressure of 600 lbs

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 11-5-99 1999 NOV - 5 12 2000 RECEIVED KANSAS CORP COM 31529

Address P.O. Box 467, Chase, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Indian Oil Co., Inc.

STATE OF Kansas COUNTY OF Barber, ss.

Michael Farrar (Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P.O. Box 209, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 4<sup>th</sup> day of November, 19 99

Teresa L. Myers  
Notary Public

My Commission Expires: 7-3-2000

