STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

Character of Well ___ D & A

LEASE OPERATOR

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

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

Lasmo Energy Corporation

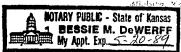
ADDRESS P. O. Box 1365 Great Bend, Kansas 67530

PHONE#(316) 792-2585 OPERATORS LICENSE NO. 4678

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

15.009.24257.0000
API NUMBER 15-063-21,150
LEASE NAME Kirkman
WELL NUMBER
3630 Ft. from S Section Line
3300 Ft. from E Section Line
SEC. 33 TWP.20 RGE. 14 XXX) or (W)
COUNTY Barton
Date Well Completed 10-20-87
Plugging Commenced 10-20-87
Plugging Completed 10-20-87
plugging this well? yes
Hays Gib Leiker
no tops
Bottom T.D. 3650'
ns.
SING RECORD
Put in Pulled out
XX
, indicating where the mud fluid was o the hole. If cement or other plugs om_feet tofeet each set.
K of this form.)
License No.6039
,55,
loyee of Operator) or (Operator) of That I have knowledge of the facts, above-described well as filed that
JOSED DOCKOSON
R/ 1 Box 183 B Great Bend, Ks. 67530
a day of October .19 87

Did you notify the	e KCC/KDHE Joint Di	istrict (Office	prior t	o plugging	this well	3 ⊼e	es
Ta7 -	int Office did you ill be by				-			
Is ACO-1 filed?	operator If not,	is well	log a	ttached?	no tops			
Producing Formation		Depth to Top		Bottom		T.D	3650'	
Show depth and thi	ickness of all wate	er, oil a	and ga	s format	ions.			
OIL, GAS OR WATER	R RECORDS	CASING RECORD						
Formation	Content	From	То	Size	Put in	Pulled	out	
surface		surf	850	8 5/8	XX			
			-			-		
were used, state 125 sx top of a 40 sx @ 880' 80 sx @ 440' 10 sx @ 40' 1 (1f add) Name of Plugging (thod or methods used the character of sample of the character of sample of the character of	10 sx on is nec	in wat	cer well y, use B	ACK of this	tofee1	each	set.
	x 183 B. Great Ben				•			
STATE OF Kansas	CC	DUNTY OF	Y OF <u>Barton</u> ,ss.					
statements, and ma	ell, being first du atters herein conta and correct, so he	ained and elp me Go	d the od. (ath, say log of t Signatur	s: That I he above-de	nave knowlescribed v	edge o vell as XSOM	filed that
			(Address)	R.R/ I Box	183. B _{Gre}	at Bend	Ks. 67530
	SUBSCRIBED AND SWOR	TO 601 T27190 0-27-8	37	``	sie M.	of October Dowler Tary Publi	ff.	,19 _87
1	My Commission Expir	~es: <u>ioù o;</u> #	94.V	5-20-89		essie M. 1		: -
	A NOTARY PURITY - State of	Libera Vansac	:					Form CP_4



Revised 08-84