

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 15-145-21417-0000

LEASE NAME Paramore

WELL NUMBER 19903

560 Ft. from 15 Section, Line

2080 Ft. from E Section Line

SEC. 11 TWP. 23S RGE. 17W (E) or (W)

COUNTY Pawnee

Date Well Completed _____

Plugging Commenced 06-02-98

Plugging Completed 06-02-98

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

LEASE OPERATOR Oil Producers Inc. of Kansas

ADDRESS P.O. Box 8647 Wichita, KS 67208

PHONE (316) 672-6373 OPERATORS LICENSE NO. 8061

Character of Well Gas

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

The plugging proposal was approved on 06-02-98 (date)

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

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

Producing Formation _____ Depth to Top 2406' Bottom 2314' T.D. 2501'

Show 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
	Surface	-0-	310'	8 5/8"	310'	-0-
	Production	-0-	2544'	4 1/2"	2544'	1869.65'

RECEIVED
KANSAS CORPORATION COMMISSION
6-16-1998
JUN 16 1998
CONSERVATION DIVISION
WICHITA, KS

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. Allied mixed 300# Hulls, 10 sacks gel, 50 sacks cement 60/40 6% gel, 10 sacks gel, 100# Hulls. Released plug, mixed 125 sacks cement. Maximum pressured 300#, minimum pressure 200#. Job started 10:00 a.m. and completed 10:45 a.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc. of Kansas

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, 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) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 12th day of June, 19 98

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001