

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

LEASE NAME Spece

WELL NUMBER 1

4620 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 19 TWP. 20 RGE. 11 (E) or (W)

COUNTY Barton

Date Well Completed 05-12-70

Plugging Commenced 10-29-96

Plugging Completed 10-29-96

LEASE OPERATOR Carmen Schmitt, Inc.

ADDRESS P.O. Box 47, Great Bend, Kansas 67530

PHONE (316) 793-5100 OPERATORS LICENSE NO. 6569

Character of Well oil

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

The plugging proposal was approved on 10-29-96 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to top 3297 Bottom 3311 r.c. 3343

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			8 5/8"	216	0
	Production			5 1/2"	3342	0

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
Bottom plug; sanded off to 3260 5 sks of cement. Perforated @ 1200', 524' and 320'. Ran 1250' of tubing. Allied pumped cement. Mixed 130 sks 60/40 poz. 10% gel 2 300 lbs hulls to circulate. Pulled tubing out. Topped off 5 1/2" casing with 10 sks 10% gel. Hooked up to Annulus mixed 50 sks 10% gel. Shut in pressure 300 lbs.

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

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Carmen Schmitt, Inc.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) of 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 the same are true and correct, so help me God.

(Signature) Joseph F. Strube

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

SUBSCRIBED AND SWORN TO before me this 30th day of October, 1996

Karlynn Beck
Notary Public

My Commission Expires: 09-28-98.

USE ONLY ONE SIDE OF EACH FORM

