

API NUMBER 15-009-21,190-0000

LEASE NAME Bitter

WELL NUMBER #1

990 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 7 TWP. 16 RGE. 13 ~~W~~ or (W)

COUNTY Barton

Date Well Completed _____

Plugging Commenced 07/03/86

Plugging Completed 07/03/86

TYPE OR PRINT

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

LEASE OPERATOR Willson Oil Operations

ADDRESS RR 1, Box C45, Quinter, KS 67752

PHONE#(913) 754-3696 OPERATORS LICENSE NO. 6680

Character of Well Oil

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes.

Which KCC/KDHE Joint Office did you notify? District #6.

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 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
		274'		8 5/8"	274'	-0-
		3335'		5 1/2"	3335'	-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 plugs were used, state the character of same and depth placed, from feet to feet each set.
8 5/8": 274' w/200 sks; 5 1/2": 3335' w/150 sks, Top perf. @ 3131'. Well had been squeezed at 576'. Pumped in 5 1/2" 4 sks hulls, 130 sks cements w/500 psi. Pumped in 8 5/8" 1 sks hulls, 10 sks cement w/300 psi.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Willson Oil Operations License No. 6680

Address RR 1, Box C45, Quinter, KS 67752

STATE OF Kansas COUNTY OF X Shove, ss.

Robert M. Willson

(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 that the same are true and correct, so help me God.

(Signature) X Robert M. Willson

(Address) P. O. Box C45 Quinter, KS 67752



SUBSCRIBED AND SWORN TO before me this 7th day of August, 19 86

Janell L. McDaniel
 Notary Public

My Commission Expires: 2-13-89

8-8-86
 AUG 8 1986