

15-147-00544-00-00

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

LEASE OPERATOR Graham-Michaelis Corporation

ADDRESS P. O. Box 247 Wichita, KS 67201

PHONE#(316) 264-8394 OPERATORS LICENSE NO. 5134

Character of Well Oil

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

The plugging proposal was approved on (date)

by Duane Rankin (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 3675'

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
				8 5/8	214'	none
				5 1/2	3672'	none

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

Perfed well @ 1800' & 1300'. Pumped down 8 5/8 surface with 25 sks & 50# hulls. Tied onto 5 1/2 longstring & pumped 450# hulls & 225 sks. 60/40 pos 10% gel 1/4 lb. flow seal. Maximum pressure 700#. Shut in @ 100#. Plugging complete.

Name of Plugging Contractor Kelso Casing Pulling, Inc. License No. 6050

Address Box 347 Chase, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corporation

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (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 the same are true and correct, so help me God.

(Signature) *R. Darrell Kelso*
(Address) Box 347 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 30th day of September, 19 93

Irene Herzberg Notary Public
IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 1997

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM

RECEIVED
STATE CORPORATION COMMISSION
Form CP-4
Revised 05-88
OCT 04 1993
10-04-1993
CONSERVATION DIVISION

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
206 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____-_____-_____-_____- SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____

ADDRESS _____ (company name) (contractor's)

PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)