

6-10

2-090474

STATE CORPORATION COMMISSION
CONSERVATION DIVISION - Plugging Section
130 S. Market, Room 2078
Wichita, Kansas 67202

API NUMBER: 15- 115-20157-00-00

C S/2 N/2 NW, SECTION 24 TOWNSHIP 17 RANGE 4E

OPERATOR LICENSE # 30111 990 FEET FROM S SECTION LINE
OPERATOR KC DEVELOPMENT 1320 FEET FROM E SECTION LINE
NAME & 320 WEST SANTA FE
ADDRESS MARION, KS 66851

LEASE NAME: REZINCEK #3
COUNTY: MARION
WELL TOTAL DEPTH: 2390' 77.68
PIPE: 5 1/2" @ 2390'
SURFACE CASING: 8 5/8" @ 200'

ABANDONED OIL WELL GAS WELL INPUT WELL SWD D&A

OTHER WELL AS HEREINAFTER INDICATED:

PLUGGING CONTRACTOR: KC DEVELOPMENT

ADDRESS: LICENSE: 30111

COMPANY TO PLUG AT: HOUR: AM DAY: 6 MONTH: 6 YR: 1997

PLUGGING PROPOSAL RECEIVED FROM: REX SAVAGE

COMPANY NAME: KC DEVELOPMENT PHONE:

WERE: SPOT 5 SACKS OF CEMENT ON BOTTOM
SHOOT PIPE FOR RECOVERY

East

PLUGGING PROPOSAL RECEIVED BY: R. TITTEL

PLUGGING OPERATIONS ATTENDED BY AGENT? ALL { } PART { X } NONE { }

COMPLETED: HOUR: 13:00 DAY: 10 MONTH: 6 YEAR: 1997

ACTUAL PLUGGING REPORT: SPOTTED 5 SACKS OF CEMENT ON BOTTOM.
RECOVERED 1130' OF 5 1/2".

REMARKS: 3% GEL 600 GAL H₂O 50 SACKS CEMENT CONCRETE PRODUCTS #29000

I DID OBSERVE THIS PLUGGING.
Ralph Tittel
RALPH TITTEL

INVOICED
DATE 7-2-97
INV. NO. 48446

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 01 1997
CONSERVATION DIVISION
WICHITA, KS

FORM CP-2/3
REV. 3/90

API NUMBER _____

LEASE NAME Rezinck

WELL NUMBER 3

C-5 1/2 W 1/2 NE 4
 Ft. from S Section Line

Ft. from E Section Line _____

SEC. 24 TWP. 17 RGE. 4 (E) or (W)

COUNTY Marion

Date Well Completed _____

Plugging Commenced 6-6-97

Plugging Completed 6-10-97

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

LEASE OPERATOR HC Development, Inc

ADDRESS 320 W Santa Fe, Marion, KS, 66861

PHONE 316-382-3540 OPERATORS LICENSE NO. 30111

Character of Well Oil

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

The plugging proposal was approved on 6-4-97 (date)

by _____ (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 2330 Bottom 2340 T.D. 2390

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
Mississippian	Water	Surface	200	8 5/8	200	- 0 -
		Surface	2390	5 1/2	2390	1130

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.

Spotted plug from 2300 to 2200 thru tubing shot @ 1730 & pulled casing, ran tubing to 250 & circulated to surface with cement + 2% gel. Jugged as needed.

Name of Plugging Contractor HC Development, Inc License No. 30111

Address As above

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: HC Development, Inc

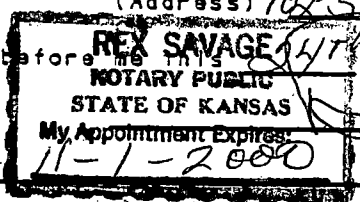
STATE OF Kansas COUNTY OF Marion, ss. 5

Theo Bond (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) Theo Bond

(Address) 102 Lincoln, Marion, KS, 66861

SUBSCRIBED AND SWORN TO before me this 14th day of July, 19 97



Rex Savage Notary Public

My Commission Expires: _____
 USE ONLY ONE SIDE OF EACH FORM

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 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)