	WELL PLUGGING RECORD				15-095	00995-00-00 PRE 67
STATE OF KANSAS		K.A.R82-3-117			API NUMBER	Elmer Oak
STATE CORPORATION COMMISSION 130 S. MARKET, ROOM 2078 TYPE OR PRINT					LEASE NAME	2
WICHITA, KS 67202 NOTICE: Fill out Completely and return to coms. div. office within 30 days.					WELL NUMBER 2	
					330 1650	tt. from S Section Line
	KUC WICHITA		_	-		Tt. from E Section Line
LEASE OPERATOR MTM Petroleum , Inc.					SEC. <u>29</u> 1	WP. $\frac{29}{1}$ RGE. $\frac{7}{1}$ (E) or (W)
ADDEESS Box 82, Spivey, KS 67124-0082					COUNTY Kin	
PHONE # (620) 532 OPERATORS LICENSE NO. 3794					Date Well Com	pleted 12-16-98
Character of well Oil					Plugging Comn	
(Oil, Gas, D&A, SWD, input, Water Supply Well)					Plugging Comp	leted <u>7/10/02</u>
The plugging proposal was approved on 7/8/02 (date)						
Stove Durant D046 L0416						
Is ACO-1 filed? if not, Is well log attached ? not available to us (XCC District Agent's Name).						
		=				4510
Producing Formation ——— Show depth and thickness o	Dep f all water, oil and gas format	th to Top tions			Bottom	T.D. 4519
					G RECORD	
Formation	Content	From	То	Size	Put in	Pulled out
			-	8 5/8	293	none
				5 1/2	4250	3301
1 %		' l _i ,				d P c *
				1.6%		
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, fromfeet tofeet each setSand at 4060, bailed 5 sacks cement. Shot pipe at 3548, 3301, came loose. Pulled to 1150 and pumped 35 sacks cement. Pulled to 700, pumped 35 sacks cement. Pulled to 330, circulated with 120 sacks cement. Topped off with 25 sacks cement.						
Name of Plugging Contractor Quality Well Service, Inc. 401 West Main, Lyons, KS 67554					License N	No. 31925
Address ———————————————————————————————————						
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MTM Petroleum , Inc.						
STATE OF Kansas COUNTY OF Kingman, ss.						
above - described we statements, and ma	tters herein containe	sworn on d and the	e log d	ays: That of the abov	I have k	Operator) or (Operator) of mowledge of the facts ed well as filled that
the same are true	and correct, so help			(Signature) (Address)	maroin/F	miller 82 Spiver KS 67142
SUBSCRIBED AND SWORN TO before me 23rd day of July , 2002 Kacky Kill						
My commission Expires: 01-04-03 Notary Public Katthy 14111						
Revised 05-88						
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KATHY HILL
Notary Public - State of Kansas
My Appt. Expires 61-04-03

OR