

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA, KANSAS 67202

WELL PLUGGING RECORD
K.A.R. -82-3-117

API NUMBER 15-129-21,590 - 8000

LEASE NAME Hanke Trust

WELL NUMBER #1

3890 Ft. from S. Section Line

1250 Ft. from E. Section Line

SEC. 5 TWP. 32 RGE. 42 (E) or (W)

COUNTY Morton

Date Well Completed 8/11/88

Plugging Commenced 11/3/99

Plugging Completed 11/03/99

NOV 17 1999

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

CONSERVATION DIVISION

LEASE OPERATOR OIL PRODUCERS, INC. OF KANSAS

ADDRESS P.O. BOX 8647, WICHITA, KS. 67208

PHONE# (316) 681-0231 OPERATOR LICENSE NO. 8061

Character of Well OIL

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

The Plugging proposal was approved on _____ (date)
by _____ (KCC District Agent's Name).

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

Producing Formation D&A upon completion Depth to Top 2755 Bottom 3295 T.D. 3359

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		0	515	8 5/8	515	515
Production			3358	4 1/2		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

Per attached Allied Cementing Co., Inc. job ticket _____

Name of Plugging Contractor Allied Cementing Co, Inc. License No. _____

Address Great Bend, Ks. 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OIL PRODUCERS, INC. OF KANSAS

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

JOHN S. WEIR, OPERATOR (Employee of Operator) or

(Operator) on 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) John S. Weir

(Address) P.O. BOX 8647, WICHITA, KS. 67208

SUBSCRIBED AND SWORN TO before me this 16th day of November, 19 99

Diana L. Richecky
Notary Public

My Commission Expires: Jan. 12, 2000



Form CP-4
Revised 05-88

NOV 17 1999

CONSERVATION DIVISION
Wichita, Kansas

(P)

ALLIED CEMENTING CO., INC.

1619

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

C.C. Deane
11/16/99

SERVICE POINT:

Oakley

DATE <u>11/3/99</u>	SEC <u>5</u>	TWP <u>32S</u>	RANGE <u>42W</u>	CALLED OUT	ON LOCATION <u>8:45 AM</u>	JOB START <u>9:30 AM</u>	JOB FINISH <u>12:45 AM</u>
LEASE <u>Haskins Trust</u>		WELL # <u>1-5</u>	LOCATION <u>Ritchfield 7w 3rd W/S</u>		COUNTY <u>Morton</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)							

CONTRACTOR _____
 TYPE OF JOB O.H.P.
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 DEPTH 3358
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 500 MINIMUM 50
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER S.A.M.C.
 CEMENT
 AMOUNT ORDERED 400# C.S. HULLS
225 SKS 60/40 + 670 gel
Used 185 SKS 60/40 + 670 gel 400# C.S. HULLS
 COMMON 111 SKS @ 7.55 838.05
 POZMIX 74 SKS @ 3.25 240.50
 GEL 10 SKS @ 9.50 95.00
 CHLORIDE _____ @ _____
HULLS 4 SKS @ 15.50 62.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 225 SKS @ 1.05 236.25
 MILEAGE 44 per SK/mile 450.00
 TOTAL 1,921.80

EQUIPMENT

PUMP TRUCK CEMENTER Max
 # 191 HELPER Dean
 BULK TRUCK
 # 218 DRIVER LONNIE
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Pressure ANN To 300 PSI with 10 SKS
Pump 300# HULLS PERIN 4 1/2 MIX 100#
HULLS IN LEAD CMT MIX 175 SKS CMT
Pressure Csg To 500 PSI Close
IN

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 450.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 50 miles @ 2.85 142.50
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 592.50

CHARGE TO: Oil Producers of Kansas
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

RECEIVED
 STAFF REPRODUCTION DIVISION

SIGNATURE _____

 PRINTED NAME

NOV 17 1999