

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 200 Colorado Derby Building
 Wichita, Kansas 67202
 RECEIVED
 JAN 24 1989
 1-24-89
 CONSERVATION DIVISION
 Wichita, Kansas

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

API NUMBER 15-185-11210-0000
 LEASE NAME Howard "A"
 WELL NUMBER #2
 _____ Ft. from S Section Line
 _____ Ft. from E Section Line
 S/2NWSE _____

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

LEASE OPERATOR Graham-Michaelis Corporation
 ADDRESS Box 247 Wichita, KS 67201
 PHONE#(316) 264-8394 OPERATORS LICENSE NO. 5134

SEC. 15 TWP. 22S RGE. 13 (E or W)
 COUNTY Stafford
 Date Well Completed 10-2-88
 Plugging Commenced 12-29-88
 Plugging Completed 12-29-88

Character of Well Oil

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

The plugging proposal was approved on December 16, 1988 (date)

by Sherri Feist (KCC District Agent's Name).

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

Producing Formation Lensing Depth to Top 3510' Bottom 3576' T.D. 3808'

Show depth and thickness of Arbuckle all water, oil and gas Open hole formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8"		none
				5 1/2"	3792'	none
		Liner		4 1/2"	2993'	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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Pumped into 4 1/2" casing with 250# hulls, 25 sacks cement, 15 sacks gel at 1000#. Shut in pressure 300#. 2nd plug of 100 sacks cement and 50 sacks hulls on backside.

Pressured 8 5/8" x 5 1/2" annulus to 550 psi.

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

Name of Plugging Contractor Graham-Michaelis Corporation License No. 5134

Address Box 247 Wichita, KS 67201

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

STATE OF Kansas COUNTY OF Sedgwick, ss.

Norman Rodie (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) Norman Rodie

(Address) Box 232, Russell, KS 67665

SUBSCRIBED AND SWORN TO before me this 4th day of January, 19 89

Viola M. Howe
 Notary Public

