
**WELL PLUGGING RECORD**

**API NUMBER** 5-5-79  
**LEASE NAME** Schindler B  
**WELL NUMBER** 6  
**330 Ft. from S Section Line**  
**4620 Ft. from E Section Line**

**SECTION** 23  **TWP. 8 RGE. 17 KS or (W)**  
**COUNTY** Rooks

- **Date Well Completed:** 5-5-79  
- **Plugging Commenced:** 10-3-97  
- **Plugging Completed:** 10-3-97

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**WELL OPERATOR** Dreiling Oil, Inc.  
**ADDRESS** Box 550  Hays, KS 67601  
**PHONE** 789-625-8327  
**OPERATORS LICENSE NO.** 5145

**CHARACTER OF WELL** SWD

**WELL USE** Oil, Gas, D&A, SWD, Input, Water Supply Well

**Plugging Proposal was Approved on** 10-1-97 by Hubert Deines

**Plugged by Richard Williams**  
**(KCC District Agent's Name):**  
**ACO-1 filed?** If not, is well log attached?

**Reducing Formation**  
**Depth to Top**  
**Bottom**  
**T.D.**

**NEW depth and thickness of all water, oil and gas formations.**

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**WELL, GAS OR WATER RECORDS**

<table>
<thead>
<tr>
<th>Formation</th>
<th>Contents</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put In</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface pipe</td>
<td></td>
<td></td>
<td></td>
<td>8 5/8</td>
<td>170</td>
<td>-0-</td>
</tr>
<tr>
<td>Well casing</td>
<td></td>
<td>5 1/2</td>
<td></td>
<td>3508</td>
<td></td>
<td>-0-</td>
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</tbody>
</table>

**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 are used, state the character of same and depth placed, from feet to feet each set.**

- 8 5/8 pressured to 500 PSI  
- 5 1/2 300 lbs 60/40 psi, 10% gel with 500 # hulls, 1000 PSI max, 700 PSI shut in

**Job started 9:00 AM., completed 10:00 AM.**  
**If additional description is necessary, use BACK of this form.**

**Name of Plugging Contractor** Dreiling Oil, Inc.  
**License No.**

**Address** Box 550  Hays, KS 67601

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**NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:**  
**RATe OF Kansas** Ellis ,ss.

Ivan R. Edsall  
**(Employee of Operator) or (Operator) o:**

**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**  
Ivan R. Edsall  
**Address** Box 550  Hays, KS 67601

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**SUBSCRIBED AND SWORN TO before me this 8th day of October, 1997**

**Notary Public**

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My Commission Expires: 8-30-98

Form CP-4

Revised 05-80