STATE CORPORATION COMMISSI	ION CENTER	K.A.R82-3-11	17			740.00
130 S. Market, Room 20	1 51 17 10				Pfeite	10- 0mmd -01
Wichita, KS 67202	NOV 1 1, 2013	TYPE OR PRI	NT	WELL NUMBER	5	
·	MON 1 11 TO CONS.	Fill out comple	tely and return	1330-4950	from Soline of	Section (circle one)
	KCC ALL IS SOLE	. Div. Oilice ale.	er (2922-11		Section (circle one)
EASE OPERATOR Whi	te Eggle Re	sources		LOCATION A	TW - NW	· NE ·
ADDRESS P.O. BOX					<u>/3</u> s. rge	19 or (W)
CITY, STATE, ZIP Plai	nville, Ks.	67463	COUNT	Y Elli		
HONE#(785) 737-3736	_ OPERATORS LICENSE NO	31430	Date	Well Completed	10/7	9
Charater of Well O'IL Date Plugging Commenced 9-38-03						
	_		Date	Plugging Compl	eted <i> 0-2</i> (<u>5-03</u>
The plugging proposal was						(date)
or Jay Pfeite	r / Herb Deis	n <u>es</u> .	_		(KCC D	istrict Agent's Name)
Is ACO-1 filed?	If not, is well log	attached?	<u> </u>			3004
roducing Formation(s) Z	pronto L-KC B	BFKJ Marn	Depth to	о тор <u>3 46 (</u>	Bottom <u>378.</u>	2 T.D. <u>3889</u>
Show depth and thickness of						
OIL, GAS OR WATER RECORDS					CA	SING RECORD
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULL OUT
		0	224	85/8		B
		0	3882	5/2		0
					<u> </u>	
Described in detail the ma	anner in which the well	was plugged, indi	cating where the	e mud fluid was	placed and the	method or methods
used in introducing it in 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to the hole. If cement	or other plugs we	ere used, state	the character t	i same and depth	praces, rrom
	d pressure down &	The cociny to	500 # Pu	mped down	5/2 casing	w/ 270 sxs
60/40 cerent up 10%	•	U	re 600# u	Jell was or	very slight	vac. Run
wireline next day	, TOC at 360.	10/20/03			60/40	
B Flushed out top	o 8' to cut off h. (If additional	ead. Cemen	t so renai	nel at	top of well	4
·	4	1			 ,	
Name of Plugging Contract	or the Cement	ing / Expre	est Well S	Crice		
License No						
Address EWS = PO Box 19 Victoria KS 67671						
NAME OF PARTY RESPONDIBLE			le Resour	نحد		
_	county of B			,ss.	d loor dram	bud will being diget
duly sworn on oath, says: Tha	ا ا I have knowledge of the	e facts, statemen				bed well, being first f the above-described
well as filed that the sa (Signature) Rands	/ . • 1	, so netpine God.				
(Address) P.O. Box	σ	Ks 676	62			
	TO before me this 13th	h day of	vember	, 19 7003		,
NOTARY PURITY - State of Kansas						
My Commission Expires		Notary 		OTARY PUBLIC - State of S. J. STAHI My Appt. Exp. 03-05	- ,	Form CP-4 Revised 12-92