STATE OF KANSAS STATE CORPORATION COMMISSION	N K./	PLUGGING R A.R82-3-	E CORD 117	API NUMBE	25 · /9 7 R		
200 Colorado Derby Building Wichita, Kansas 67202		•					
DECEIVE	EU TY	E OR PRIN	т	WELL NUME	SER OW#4		
	NOTICE: F	CE: Fill out completely d return to Cons. Div.			Ft. from S	Section	Line
MICHITA					Ft. from E	<i>(/ /</i>)	
LEASE OPERATOR	AVED INC			SEC 24	TWP.34 RGE	15 (E)	ەr (﴿) ا
LEASE OPERATOR	AXAP, Inc.			Q1COUNTY 1	Montgomer	У	
ADDRESS P.O. B	ox 11/6 Inde	ependence	3 NS 0 73	Date Wel	! Completed	Unknov	wn
PHONE#(316_325-5212_OF	PERATORS LICEN	SE NO. <u>30</u>	30	Blugging	Commenced	10-1520	003
Character of Well Oil (OII, Gas, D&A, SWD, Input	<u>~</u> Well			Piugging	Completed	11-10-0)3
(Oll, Gas, D&A, SWD, Input	, Water Supply	Well)	tohor 3	2003	Compiered		date)
(Oil, Gas, D&A, SWD, input The plugging proposal was	approved on	00	coper 3,	2003		\	
	1 Tam Rilin	eu		(KCC	DISTRICT A	190111	
	If not, is w	eri iog a					
Wavei	de Sand D	epth to To	op <u>350'</u>	Вотто	m	0/0	
Show depth and thickness o	f all water, o	il and ga	s formation	ns.	RE		ict #3
OIL, GAS OR WATER RECORDS			C/	ASING RECOR	ID KCC	1120	
	Υ	m To	Size	Put in	Pulled out	c 1 200	3
Formation Content					<u> </u>	, 1 200	
Oil		360			zero zero	haville 3	.5
Tilmonde Sand 011			ラー		' '		
Describe in detail the mar placed and the method or wefte used, astate the ch	methods used aracter of ga	the well win in introdu me and de Canut	as plugge icing it i epth plac to Surt	d, Indicat nto the ho ed, from ece <u>Used</u>	le. If ceme feet to	nt or oth	ier pl
For In I place to a							
(If additional	description 1	s necessar	y, use BA	CK of this	form.)		
	Production	on Maint	enance S	rv.	License No.	32219	
Name of Plugging Contract					•		
Vadi ess	227 Coffey						
NAME OF PARTY RESPONSIBLE	FOR PLUGGING	FEES:		same			
STATE OF Kansas	COUNT	Y OF Mor	regomer y		Lear		-atorl
	President,			. #L.A. b	of Operator:	10 B O 1 1 11	
above-described well, bei statements, and matters the same are true and cor			•	the above-	\mathcal{L}	and as f	iled 1
•			(Address)		see abo	re	
0.00.00.15	BED AND SWORN	TO before			of nov.	,2003.	ول
ALIA W. MICHAELIS			M	lla M	tary Public	alle)
My Appt. Expires My Comm	ission Expires	:_Dea.	6, 200.	3		3-	
•							ince []