STÂTE OF KANSAS

WELL PLUGGING RECORD

15-147-19015-00-01

STATE CORPORATION CONTRACTOR STATE CORPORATION CONTRACTOR CONTRACT		· · · · · · · · · · · · · · · · · · ·			API NUM	API NUMBER		
Vichita, Kansas					LEASE N	LEASE NAME Walker		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NI	WELL NUMBER #2			
				<u></u>				
,					Ft. from S Section Line			
	7		•			Ft. from E Section Line SW NW SW		
LEASE OPERATOR	ATOR Baird Oil Company, Inc. Box 428				SEC - 4	TWP. 1 RGE. 18 (E)or W		
ADDRESS	DORESS Logan, Kansas 67646					Phillips		
	-7456 OPERATOR					eli Completed		
Character of Well Oil						ng Commenced 6-15-87		
(OII, Gas, D&A,	SWD, Input, Water	Supply We	11)			ng Completed 7-22-87		
Did you notify 1	the KCC District C	office prior	r to p	olugging t	his well?	Yes		
	e did you notify?							
	If no							
 Producino Format	lon	Denti						
						T.D. 3530'		
	thickness of all w	ater, oll a	and ga	is formati	ons.			
OIL, GAS OR WAT	TER RECORDS			С	ASING RECO	ORD		
Formation	Content	From	To	Size	Put In	Pulled out		
			-	8-5/8"		none		
				5-1/2"		none 1400'		
			-	_				
escribe in deta	II the manner in	which the w	vell w	as plugge	l d, Indicat	ing where the mud fluid i		
naced and the Gere used, stat	method or methods to the character	used in in	itrodu	cing it i	nto the ho	ing where the mud fluid to let		
rinyyea ar	DOLLOW MILD Spad	FA 3780 (and /	0001-0 00-		01/001 1/00!		
	rai or 42 joints	OI O-I/Z	casing	Plugge	ed surface	with 6 sacks hulls		
and 225 sac Plugging Co						with o backs lidits		
ridgging co	dditional descrip	tion is nec	essar	v. use BA	CK of this	100.5		
						rot m. ,		
ame of Plugging	Contractor Ke	lso Casing	Pulli	ng, Inc.		License No. 6050		
ddress P.O	. Box 347 Cha	se, Kansas	67524	<u> </u>				
TATE OF Kan	sas	COUNTY OF	Ric	e		,55.		
Mike Kelso,	Vice-President			(Fmr	lovee of (- Operator) or (Operator)		
bove-described	well, being first	duly swor	n on o	nath cauc	. That 1 1	h m		
turamentaj unu i	mariora norelli Col	iiainea ana	TDA	log of the	above-des	nave knowledge of the fact scr/bed well as filed th		
na soma ora irui	e and correct, so	neip me Go	a.		ma			
			(;	Signature)		n 2/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			()	Address)		Kansas 67524		
	SUBSCRIBED AND SW	ORN TO befo	ore me	this 2				
					orn day	July ,19 <u>87</u>		
			_		ene x	Joove)		
, ,	My Commission Exp	ires:			No ta			
			ME	State of My Appt. Exp.	Kansas	07 - 29 - 1987		
		***		My Appt. Exp.	Aug. 15, 1989	JUL 2 9 1987 Form CP-		
		•				Revised 07-8		