STATE OF KANSAS STATE CORPORATION COMMISSION

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Locate well correctly on above						

Give All Information Complet	elv	DI PIOGGI	NO RECOR	Ð		•		
Make Required Affidavit		catur	Co		17 - ·	IS 276		
Mail or Deliver Report to			E /CNW1 cw	i'' sec.	TWP.	IS Rge. 27W E/		
Conservation Division	NE	Location as "NE/CNW\SW\\\ or footage from lines						
State Corporation Comm.	Lease	Lease Owner Gemini Corporation						
***	Lease Name CATHCART							
Wichita, KS 67202	Office	Office Addres 80x 818, McCook, Nebraska 69001						
	: Charac	ter of We	11 (Comp	leted as	Oil, Gas	or Dry Hole)		
<u> </u>	Date W	ell compl	eted		5-9-	00:		
	Applic	ation for	pluggir	g filed	5.0			
	Applic	ation for	pluggin	g approve	d 5-9-			
	Pluggi	ng commen	ced		5-9-			
	. Reason	ng comple	ted		5-9-	80 19		
	- Iteason	_Hole	donment	of well of	r producin	g formation		
	If a p	roducing	well is	abandoned	, date of	last production		
Locate well correctly on above Section Plat	Was pe	rmission	obtained	from the	Concernat	ion Division or		
Name of Conservation Agent wh Producing formation	o supervised	plugging	of this	well Gill	bert Balth	azor, Palco, KS		
					Total De	oth of Well 359		
Show depth and thickness of a	11 water, oil	l and gas	formation	ons.		7 1011		
OIL, GAS OR WATER RECORDS				•				
		1				CASING RECORD		
FORMATION .	CONTENT	. FROM	ТО	SIZE	PUT IN	PULLED OUT		
			<u> </u>	8-5/8"	230'	none		
	White the Control of		-					
			<u> </u>					
			<u> </u>		İ			
was placed and the method or replugs were used, state the chafeet for each pl	lug set.	plug @ 1	pen prac	ed, from		feet to		
	2nd	plug @ 2	על איי מ <u>ו</u> 10 שיים		RECEL			
	3rd	plug @ 40	0 W/20	SX. CTA		II COMMISSION		
		x. in the				13-80		
					-MAY 2	3 1920		
					A A MACHINERA IN THE STATE	: municus		
					- Vichita. I	LDIVISION		
		_				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(Tf. addition 7						5-23-80		
(If additional Name of Plugging Contractor	description :	s necessa	ry, use	BACK of t	his sheet)		
Trugging Contractor	Mur Mur	fin Dribli	ing Compa	any				
STATE OF KANSAS David L. Murfin, Drlg. Mgr.	COUNT	Y OF	SEDGWI		. s	8.		
of the above-described well be	ing first de		_(employ	ee of owne	er) or (ow	ner or operator)		
of the above-described well, be the facts, statements, and matt as filed and that the same are	ers herein co true and cor	ly sworn ontained arect. So	m oath,	says: Th	at I have above-de	knowledge of scribed well		
7	(Signa	iture) _) Jan	///	Mark.			
SUBSCRIBED AND SWORN TO be	4	Day	id I Mi	irfin Drl	a. Mar61			
TO DE	form			(Ad	dress) Wi	7 Union Ctr. BTd hcita, KS 67202		
	fore me this		h day of	(Ad	dress) Wi	/ Union Ctr. Bld hcita, KS 67202 , 19 ⁸⁰		
	fore me this 21, 1983	20t		May (Ad	dress) Wi	hcita, KS 67202		

