STATE OF KANSAS
STATE CORPORATION COMMISSION

## WELL PLUGGING RECORD K-A-R--82-3-117

API NUMBER IJ-IJJ-20,730°00°00	API	NUMBER	15-153-20,736-00-0
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SIMIL COM OMMITON COMMITTEE			
200 Colorado Derby Bullding Wichita, Kansas 67202		LEASE NAME Kastens	
	TYPE OR PRINT	WELL NUMBER1	
	NOTICE: Fill out completely and return to Cons. Div.		
	office within 30 days.	3630 Ft. from E Section Line	
LEASE OPERATOR Raymond Oil C	ompany	SEC. 32 TWP. 1S RGE. 32W (E) or (W)	
ADDRESS P.O. Box 48788, Wichi	ta, KS 67201	COUNTY Rawlins	
PHONE#(316) 267-4214 OPERA	ATORS LICENSE NO. 5046	Date Well Completed 6-15-89	
Character of Well D & A		Plugging Commenced	
(Oil, Gas, D&A, SWD, Input, Wa	ater Supply Well)	Plugging Completed	
Did you notify the KCC/KDHE Jo	oint District Office prior to	plugging this well? Yes	
Which KCC/KDHE Joint Office di	d you notify? Marion Schmidt	t - Hays Ks.	
Is ACO-1 filed? <u>Yes</u> If	not, is well log attached?_		
Producing Formation	Depth to Top	BottomT.D4200'	
Show depth and thickness of al	I water, oil and gas formati	ons.	
OIL, GAS OR WATER RECORDS	<u> </u>	ASING RECORD	
Formation Content	DECEMBERON TO SIZE	Put in Pulled out	
Surface O	1. 6-5/8" 8-5/8"	331 None	
	UL 2 8   989		
COME Describe in detail the manner	Single State	d, indicating where the mud fluid wa	
placed and the method or metho were used, state the character 1st plug @ 2850' w/30 sx 2nd plug @ 2140' w/100 sx	ods used in introducing it in of same and depth placed, f 15 sx in rat hole x	to the hole. If cement or other plug romfeet tofeet each set.	
3rd plug @ 380' w/50 sx 4th plug @ 40' w/10 sx			
(If additional desc	ription is necessary, use <u>BA</u>	CK of this form.)	
Name of Plugging Contractor	Murfin Drilling Co	ompany License No. 6033	
Address 250 N. Water, Suite 3	300, Wichita KS 67202		
STATE OF Kansas	COUNTY OFSedgwick	,ss.	
Jack E. Goss	( Em	ployee of Operator) or (Operator) of	
above-described well, being fi statements, and matters herein the same are true and correct,	rst duly sworn on oath, says contained and the log of the	: That I have knowledge of the facts e above described well as filed that	
, ,	(Address)	Agent f/Operator 250 N. Water, Suite 300	
SUBSCRIBED AN	D SWORN TO before me this 28	Wichita, KS 67202 8th	
	Mela	nie Cau	
My Commission	Melanie Ra Expires: 4-18-93	au Notary Public	

MELANIE RAU HOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 418-93