STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas. 67202	WELL PLUGGING RECORD K.A.R82-3-117				API NUMBER 15-023-20,250-00-00 LEASE NAME Cheyenne	
TYPE OR PI NOTICE: Fill out and return to office within		out c	ompletely ons. Div.	2970	MBER 21-4 Ft. from S Section Line Ft. from E Section Line	
LEASE OPERATOR Paul Prijatel				SEC. 21		
ADDRESS 201 W. 8th St. Suite 450				COUNTY	Cheyenne	
PHONE# (303 544-2111 . OPERATORS LICENSE NO. 4528				Date We	II Completed $11/26/87$	
Character of Well D & A				Pluggin	g Commenced $11/26/87$	
(Oil, Gas, <u>D&A</u> , SWD, Input, Water Supply Well)				Pluggin	g Completed $11/26/87$	
Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes						
Which KCC/KDHE Joint Office did you	notify?_	На	ys, Kan	sas		
Is ACO-1 filed? yes If not,	is well	log a	ttached?_	yes		
Producing Formationna	Depth	to T	ор	Bott	om and T.D.	
Show depth and thickness of all wat			s formati C	ons.	RD 7.4 000000	
			· · · · · · · · · · · · · · · · · · ·		12M	
Formation Content	From	То	Size	Put In	Pullod puto	
NA NA	NA	NA	NA	-NA	NA NA	
Describe in detail the manner in wh	Ich the w	ell w	as plugge	d, indicat	ing where the mud fluid wa	
were used, state the character of s 210 sacks 60/40, 3% gel. 3%c @ 2520, 50 sacks @ 400', 10 15 sacks rathole, 10 sacks @	ame and d c: 25 s sa.cks @	epth sacks 40	placed, f @ 3320	rom_feet , 100 sac	to foot sach cot	
(If additional descripti	on is nec	essar	y, use BA	CK of this	form.)	
Name of Plugging ContractorHa	lliburto	n	,	•	License No. NA	
Address P. O. Box 47 Oberlin	, Kansas	s 67	749		**************************************	
STATE OFC	OUNTY OF				,55.	
Paul Prijatel	•				•	
above-described well, being first d statements, and matters herein cont the same are true and correct, so h	ained and	l the	ath, savs	: That I h	Operator) or (Operator) of lave knowledge of the facts ascribed well as filled that	
		(Signature (Address	201 w.	8th St. Suite 450 Colorado 81003	
SUBSCRIBED AND SWO	ORN TO be				of January , 19 SS	

My Commission Expires:___

Notary Public