STATE OF KANSAS STATE CORPORATION COMMISSION

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

200 Colorado Derby Building Wichita, Kansas 67202	K+ K+ K+ -82-3-117				LEASE NAME Rieb 519		
	and return office wit	ı to	Cons. Div	495	O Ft. from	S Section Line	
			-			E Section Line	
LEASE OPERATOR Hillin-Simon Oil Company				SEC	13 TWP. 25 RO	GE.42 (XEX) or (W)	
ADDRESS P. O. Box 1552,							
PHONE#(915 682-2202 OPERATORS LICENSE NO. 30201					Well Complete		
Character of Well D & A					ing Commenced		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)					ing Completed		
The plugging proposal was approv	ed on	12-	-20-90			/	
						Agent's Name).	
Is ACO-1 filed? NO If no	ot, is well !	lon a	ttached?		CC DISTRICT	Agent's Name).	
Producing Formation N/A	Denth	+0 T		Y FIS			
Show depth and thickness of all v	water oil on	ا ۱۰	Op	801	†omT	.D. 1816!	
OIL, GAS OR WATER RECORDS	i	io ga					
			(ASING REC	ORD		
]	То	Size	Put in	Pulled out		
Niobrara water/gas	0'	301 '	7"	301'	0'		
Describe in detail the manner in placed and the method or methods	which the we	II wa	as plugge	d, indica	_l_ ting where th	e mud fluid w	
Were used, state the character Wellbore loaded with mud la	of same and	d de	pth plac	ed, from	feet to	t or other plug	
Wellbore loaded with mud-la approx. 55. Mud circulated drillpipe per procedure as of 50/50 Pozmix 'A' with 6%	iden fluid, L thru dril	mu lpi	d weight	t approx	9.1 ppq,	viscosity	
of 50/50 Pozmix 'A' with 6% to 3' below ground lever in	required b	y K	CC Dist	Office.	Cemt slu	otted via rry consists	
to 3' below ording of elesting	tipm is neces	SSarv	. USA RAC	SK. <u>Cmt</u> CK Chit+theles	plug spot	ted from 3 0	
Name of Plugging Contractor Hall	iburton Se	rvi	ces		License No		
Address P. O. Box 1671,	Sterling, (Colo	rado	80751		5267	
NAME OF PARTY RESPONSIBLE FOR PLUG	GING FEES:		Hillin	-Simon (Dil Company		
STATE OF Texas	COUNTY OF		land				
Hillin-Simon Oil Compan			, ,		Ess.1 1 1991	• •	
above-described well, being first statements, and matters herein c the same are true and correct, so	duly sworn or	n oa the	th, says: log of t	mployee,o That I ha he above	f Operator) c ave knowledge iescribyd wel	or (Operator) o of the facts I as filed tha	
,			gnature)_	1/1	hh		
		(A d	ldress)		nable ox 1552, Mi	dland my	
SUBSCRIBED AND SW	ORN TO before	e, me,	this 6	H day o	11	79702	
		1	1	0.1	Tebrua !	ry ,19 91	
	92			Nota	ry Public		