					ALOOM O.	
STATE OF KANSAS		-82-3-117	API NUME	IER <u>-18-147-</u>	GOOMS	
STATE CORPORATION COMMISSION 130 - S. Märket, Room 2078	5-147-M	897-10-0	Í	ME Stutte AR		
Nichita, KS 67202	TYPE 0	R PRINT	•	18ER 301	AKA Hemplens	
	NOTICE: FIII	out completely		Ft. from S S	Section Line	
		his 30 days.		_ ft. from E S		
ISLES ADERATOR Dala In. MA	استميد ممالا	Tuc	Vancous (visit)		_	
ADDRESS 14201 E. CENTRAL WICHITA KS 67230				SEC. 14 TWP. 3 RGE. 19 (E) or (D) COUNTY Phillips		
PHONES (314) 733-5600 OPERATORS LICENSE NO. 5242				Date Well Completed 3-24-1952		
	URS LICENSE N	0. 2141		-		
Character of Well INPUT				Plugging Commenced 5-23-2000 Plugging Completed 5-23-2000		
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Completed S		
The plugging proposal was appro					(date)	
by Herh Deines ICCC						
Is ACO-1 filed? No If	not, is well,	log attached?	Filed w	1 CP-1		
Producing Formation LKC	Depth	to Top 3083	Botte	3283 T.D.	3340	
Show depth and thickness of all	water, oil a	nd gas formati	ons.			
OIL, GAS OR WATER RECORDS		C	ASING RECOR	the state of the s	RECEIVED-	
Formation Content	From	To Size	Put in	Pulled out	COPPOSITION COMMIS	
Surface · water	ن.	259 8-5/8	259	0 .	JUN 5 2000	
LKC OIL-WATE		5-72	3339	0 N	MICEDIALTION DIMIQUOS	
Describe in detail the manner i			d Indicat		Wielith Konen	
placed and the method or methowere used, state the charact	ds used in in	troducing it i	nto the ho	le. If coment	or other plug	
	سا 250 کیر					
MAY PRESSURE SOUT	5 Z 300 ¥.	PRESSURE TE	ST ANNU	lus Cement	+0 600 ¥	
Name of Plugging Contractor <u>ffe</u>	elter Dos	er Service		License No3	32579	
Address Itch ol Box 6	3 St. Pe.	ter, KSG	7850			
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:	Petroleum	MANAG	ement, INC	•	
STATE OF KANSAS	COUNTY OF	Sedquick		, 55•		
GARY L. Reed					r (O pecator) o	
above-described well, being fir statements, and matters herei						
the same are true and correct,			0	Il ead		
			7	nauline C+ W	ichda Ks 67230	
SUBS CRIBED AND	SWORN TO bef	ore me this	day	of June	7000	
			ana X	ary Public		
DANMAR. Charlish ton NOTARY PUBLIC	Expires:	11-13-200	0	•		
STATE OF KANSAS My Appt. Exp. 11-63-09					Revised 05-88	

ALLIED CEMENTING CO., INC.

3601

Federal Tax I.D.#

SERVICE POINT: REMIT TO P.O. BOX 31 **RUSSELL, KANSAS 67665** Russell CALLED OUT SEC, RANGE ON LOCATION JOB START DATE (--23-00 OUAM 4.00Am 11.50 Am STATE COUNTY LEASE STUAFYOR WELL # 30/ th.11.12 QLD OR NEW (Circle one) / FIR **CONTRACTOR OWNER** TYPE OF JOB AMOUNT ORDERED

250 644010

500 4411 **HOLE SIZE** T.D. **CASING SIZE DEPTH TUBING SIZE DEPTH** DRILL PIPE DEPTH TOOL **DEPTH** PRES. MAX COMMON_ 150 **MINIMUM** MEAS. LINE POZMIX _ @ 3 25 J00 325 4 CEMENT LEFT IN CSG. GEL @ PERFS. CHLORIDE @ DISPLACEMENT Hulls **EQUIPMENT @ PUMP TRUCK** CEMENTER 13:11 @ HELPER 153 HANDLING @ **BULK TRUCK** 4 FISK | MILE MILEAGE # 257 **BULK TRUCK** TOTAL 2429 = 291 DRIVER **REMARKS: SERVICE** DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE Ann gress To 600 # MILEAGE @ @ @ @ RECEIVED
STATE CORPORATION COMMISSION TOTAL _645 = CHARGE TO: PA' I 5 2000 FLOAT EQUIPMENT JUN STREET_ CONSERVATION DIVISION ____ ZIP_ _STATE __ Wichita, Kansas @ @ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment TOTAL ____ and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TAX_ contractor. I have read & understand the "TERMS AND TOTAL CHARGE _____ CONDITIONS" listed on the reverse side. IF PAID IN 30 DAYS DISCOUNT __ SIGNATURE January Nolland

PRINTED NAME