STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUMBER 15-147-20 087 -00-00

200 Colorado Derby Building Wichita, Kansas 67202					15-147-20,007 20 C			
						LEASE NAME Vogel		
	TYPE OR PRINT NOTICE: Fill out completely				WELL NUMBER 1			
and return to Cons. Div. office within 30 days.				330	2,970 Ft. from E Section Line			
								<del></del>
LEASE OPERATOR Woodman-Iannitti Oil Co.					SEC - 26	SEC. 26 TWP. 3 RGE. 9 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ADDRESS P.O. Box 308, Great Bend, Ks 67530					COUNTY	COUNTY Phillips		
PHONE #816 ) 792-1922 OPERATORS LICENSE NO. 6588					Date We	Date Well Completed $2-25-70$		
Character of Well <u>oil</u>					Plugging	Plugging Commenced 7-15-86		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed7-15-86		
Did you notify the KCC D	istrict Offi	ce prior	to p	lugging t	his well?_	Yes		
Which KCC Office did you	notify?	Dist	rict	#7				
Is ACO-1 filed? <u>NA</u>	lf not,	is well	log a	ttached?_	filed wit	th CP-1		
Producing Formation Lang	sing/Kansas (	CityDepth	to To	op 3,214	Botto	om 3,432 PRTE	3,403	
Show depth and thickness	of all water	r, oil ar	nd ga:	s formatio	ons.			
OIL, GAS OR WATER RECOR	D S	1		C/	ASING RECOF	RD		
Formation Conte	nt	From	То	Size	Put in	Pulled out		
ansing-KC OI	L	3247	3361	7"	242	None		
				4-1/2"	3,439'	None		
Describe in detail the m	annon in whi	h +h o						
placed and the method o	r methods use	ed in int	troduc	ing it ir	nto the hol	le. If cement	or other nings	
were used, state the c Pumped 150 sacks, 50,	haracter of /50 pozmix, ]	same ar 10% qel,	nd de 1 sac	pth place ok hulls d	ed, from down 4-1/2	feet to	eet each set.	
Pressured—up and held	d. Plug 0 0'						own	
anulus. Plug @ 0' to	- · · · · · · -							
(If additiona	l description	n is nece	essary	, use BAC	K of this	form.)		
Name of Plugging Contrac	tor <u>Woodma</u>	n-Iannit	ti Oi	I Co	L	icense No. <u>65</u>	88	
Address P.O. Box 308, G	reat Bend, Ka	ınsas 67	7530					
STATE OF Kansas	COL	JNTY OF _	Bart	on		_,ss•		
Peter L. Iannitt				(Emp	loyee of C	perator) or	(Operator) of	
bove-described well, b tatements, and matters	eing first du herein contai	lly sworn ined and	on c	oath. savs	: That I h	ave knowleda	e of the facts	
he same are true and co	rrect, so hel	p me God	i •	Signature)	$\cap$	, o \_	as Theu Illai	
						d. Da	m. M.	
						08, Great Ben		
S UB S CR I	TATE CORPORATION COMM	t To befo	re me	this 2	22nd day o	f July	,19 86	
•	CONS. DIV. WICHITA, I	is Sission			Melanie	9 Ban	°1	
	ission Expire	es:	7-6	25-89	( NOTA	IA FUDITIC		

7-23-86 JUL 2 3 1986



Form CP-4 Revised 07-86