STATE OF KANSAS
STATE CORPORATION COMMISSION Give All Information Completely Make Required Affidavit Mail or Deliver Report to: Conservation Division

15-137-30004-00-00

WELL PLUGGING RECORD

State Corporation Commission 211 No. Broadway Wichita, Kansas	Nor	ton	County	Sec. 11	Twp. 3 Rge.	25W( <b>x</b> )	(W)
NORTH	Location as "N	E/CNW%SW%" o	r footage fron	n lines SW	SE		<del></del>
101111	Lease Owner_	Sauvage	Drilling	Co., Inc.			
		Lease Name 6ollins Well No. 1					
	Office Address Oberlin, Kansas						
	Character of Well (completed as Oil, Gas or Dry Hole)  Date well completed  19 65						
1	Date well con	pleted	<del>\</del> ]	9			9 65 9 65
	Application for plugging filed 11–19 Application for plugging approved 11–19						9 05 9 65
	Application for	r plugging approv	ed4	<u>-19</u>	<b>,</b>		9 65 9 65
! !	Plugging com	nenced		<u> 19</u>	<u></u>		9 65
	Plugging comp	oleted		<del>4-19</del>	D TI-7-		9
	Reason for aba	andonment of well	or producing	tormation	Dry HOTE		
	**C	11	- d - d - d - d - d - d - d - d - d - d	t mundication		1	٥
	If a producing well is abandoned, date of last production						
Locate well correctly on above Section Plat		on totalled moni			or to agona so	V	,
and Consequention Agent who supe	arvised almoging of th	his well Ri	11 Nichol	g			
oducing formation	2 11000 P10888 0- 1-	Depth to top	Bottom		_ Total Depth of	f Well 3773	Feet
ow depth and thickness of all water	oil and gas formation	ons.			_		
						CASING REC	OPT)
OIL, GAS OR WATER RECORI	OS 					CASING RECO	UKD
FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULLED OL	JT
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				JIMIE WKM	DRATION COMME	ezion	1.7
	<del></del>			06	-20-176	5	
				Secured Secured	N 28 19 <b>6</b> 5		
				CONSERV	ATION DIVISI	<del>0N</del>	
	(If addition	nal description is nec	SSRTV. 1150 RACE	O A SE La	ika Kamaa		
Jame of Plugging Contractor	Sauvage Drill	Ling Co., Ir	iC •	A 1119 STICE!			
Address	Oberlin, Kans			,			
17			Doontar				
TATE OF <u>Kansas</u>		OUNTY OF	Decatur YYYYYYX	YYY .	, ss.		
vell, being first duly sworn on oath,	W. Sauvage says: That I have !	knowledge of the	employee of facts, statem	öwner) or (o ents, and mat	wner or operator tegs herein conta	) of the above-onined and the lo	described og of the
bove-described well as filed and that							
		(Signature)	11/2		BANNA	90	
		( Signarule)				<del></del>	
					(Address)		
SUBSCRIBED AND SWORN TO bef	ore me this	day of	Seen	1 -	(^^~~~	65	
DO ON MANA TAMPSON TO DEL	ore me uns	uay Or.	1	1 1 1	, 19		
* 23	5, 1968			erbert	K/ Allan	and_	
	1 110 1 120		-			Notary 1	Valblia