STATE OF KANSAS

WELL PLUGGING RECORD

15-039-	00208-00-0
API NUMBER	

STATE CORPORATION COMMISSION 200 Gólorado Derby Building Wichita, Kansas 67202	K.A.R82-3-117		API NUMBER				
				LEASE N	LEASE NAME <u>Harmon</u> WELL NUMBER <u>1</u>		
	TYPE OR PRINT						
		NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			_ Ft. from S	S Section Line	
	office wit				_ Ft. from E	E Section Line	
EASE OPERATOR Halliburton Oil Producing Co.				SEC. 21	SEC. 21 TWP. 35 RGE.28W XX OF (W)		
ADDRESS P.O. Box 10 Stafford, Kansas 67578				COUNTY	Decatur		
PHONE# (316) 234-5304 OPERATORS LICENSE NO. 5988					II Completed	7-5-67	
Character of Well Oil				Plugging	g Commenced	9-3-92	
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Plugging	g Completed	9-9-92	
The plugging proposal was appr						(date)	
by Carl Goodrow						, ,	
Is ACO-1 filed?If							
Producing Formation					!	- MADA MATERIA PROPERTY OF THE	
Show depth and thickness of al	l water, oll an						
OIL, GAS OR WATER RECORDS			<u>C</u>	ASING RECOF	20		
Formation Content	From	То	Size	Put in	Pulled out		
			8 5/8" 5 1/2"	244' 3965'	none 1176 '		
			5 1/2"	3905	11/6		
Describe in detail the manner			26. 214220	d Indicati	na where th	e mud fluid wa	
nlaced and the method or meth	ods used in int	trodu	cina it i	nto the hol	le. If cemen	it or other plug	
were used, state the charact	ter of same ar	nd de	pth plac	ed, from	feet to	feet each set pumped bottom	
shot @1400',	1176', circula	ated j	pulled pi	pe squeezed	d with 300 s	sacks cement.	
(If additional desc	ription is nece	essar	y, use <u>BA</u>	CK of this	form.)		
iame of Plugging Contractor	KELSO CASINO	G PUI	LING, I	NC. L	icense No	6050	
Address P.O. Box 347 Cha	ase, Kansas	6752	2 4		STATE		
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:		Halli	burton Oil	Producing C	S. COMMISS	
STATE OF Kansas					,55.	SEP 1 7 1999	
R. Darrell				•	CON	WERVATION PHYSRON	
above-described well, being fi statements, and matters here the same are true and correct,	rst duly sworn in contained ar	nd the d.	ath, says e log of	: That I hat the above-o	ve knowledg	e of theastacts	
		(:	Signature				
		()	Address)	P.O. Bo:	x 347 Chas	se,KS. 67524	
SUBSCRIBED AN	D SWORN TO befo	ore m	e this $\underline{\underline{1}}$	6 day	September	,19 92	
		-	≤ 2	sene Il	refug		
My Commission	Fynires: Example			Nota	Public		

