STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

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

API	NUMBER_	153-20,605	-00-0C

	TYPE	OR PR	INT
NOTICE:	Fill	out	completely
and	retur	n to	Cons. Div.
offi	CO W	thin	30 days.

	***************************************	
WELL NU	MBER 1	

LEASE NAME Officer

2310'	_ F†.	from	S	Sect	ion	Line
3630'	_ Ft.	from	Ε	Sect	lon	Line
SEC. 32	TWP.	3 R(	GE.	. 36	(xEx)x	oxr (W)

EASE OFERATOR Grynberg Petroleum Company	
ADDRESS 5000 S. Quebec, Suite 500, Denver, CO 80237	COUNTY Rawlins
PHONE#(303) 850-7490 OPERATORS LICENSE NO. 9095	Date Well Completed <u>5/27/85</u>
,	•

Plugging Commenced 5/27/85 Character of Well D&A (Oil, Gas, D&A, SWD, input, Water Supply Well) Plugging Completed 5/27/85

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes Which KCC/KDHE Joint Office did you notify? District 6 (Havs)

Is ACO-1 filed? No If not, is well log attached? To be filed by operator Producing Formation N.A. Depth to Top\_\_\_\_\_ Bottom\_\_\_\_\_T.D.

Show depth and thickness of all water, oil and gas formations.

Formation	Content	From	То	Size	Put in	Pulled out
						·
Dakota 2060'	Water	0	400	9 5/8"		None
Cedar Hills 2991'	Water					
						ŕ

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from\_\_feet to\_\_\_feet each set.

1 Plug @ 3150' w/25 sacks 50/50 pos w/3% Gel and 3% CaCl

2 Plug @ 2440' w/100 sacks

OIL. GAS OR WATER RECORDS

Plug @1400' w/25 sacks

DECEMEN

4 P 1 11 0 0	430.	W/40 Saci	(S: Mousenore		IU Sacks; No	a cho.	<u> </u>	<u>. U</u>	BUCKS		111 (21 1 9 1 12
	(If	additiona	l description	is	necessary,	use	BACK	o f	this	form.)	STATE CORPORATION COMMISSION

Name of Plugging Contractor <u>Halliburton Services</u> Address P. O. Box 47 Oberlin 67749

CONSERVATION DIVISION Wichita, Kansas

STATE OF Kansas COUNTY OF

(Employee of Operator) XXXXXXXXXXXXXXXXXX of statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature)\_

5000 South Quebec, Suite #500

CASING RECORD

(Address) <u>Denver, CO 80237</u>

SUBSCRIBED AND SWORN TO before me this 29 day of

My Commission Expires: 🤈

Form CP-4 Revised 08-84