STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUM	IBER 315-039-20,467-00-00
LEASE N	IAME Shimick
WELL NU	MBER1
	Ft. from S Section Line
	Ft. from E Section Line
SEC. 14	1 TWP. 4 RGE. 2 7 W x (x€x) or (W)
COUNTY	Decatur
	II Completed
	g Commenced 12/27/89
	g Completed $1/8/90$
	(date)
(KC	C District Agent's Name).
	•
Botte	omT.D3686'
15.	
SING RECO	RD
ut in	Pulled out
250	none
685 '	1192'
indicati	ng where the mud fluid was
o the hol	e. If cement or other plugs
s cement	
ement ar	nd shut in @300#.
of this	form.)
·L	icense No. 6050
	STATE OF THE STATE
ng Pulli	ng.Inc.
	,ss. JAN 1 6 1990 1-16-90
ployee of	Operator) or (Operator) of
e above-d	ve know#edge@offsthe facts, escribed well as filed that
Ral	well lo

290 Colorado Derby Building Wichita, Kansas 67202					LEASE	LEASE NAME Shimick WELL NUMBER 1		
·	TYPE OR PRINT							
		NOTICE: Fill out completely and return to Cons. Div.				Ft. from S Section Li		
		office wit				Ft. from E Section Li		
LEASE OPERATOR Taylor-Brown Operating						4 TWP. 4 RGE. 27 W x(XEX) or (
ADDRESS 459 S.Alcott Denver, CO. 80219						Decatur		
PHONE#(303 935-3353 OPERATORS LICENSE NO. 4712						ell Completed		
Character of WellOil						ng Commenced 12/27/89		
(OII, Gas, D&A,	, SWD, Input, Wat	ter Supply Wel	1)			ng Completed $1/8/90$		
						(dat		
					,	CC District Agent's Name		
	l f							
						omT.D3686'		
	thickness of all					1.0.		
OIL, GAS OR WA		1	na go					
					ASING RECO	IKU		
Formation	Content	From	То	Size	Put in	Pulled out		
					250	none		
				4 1/2	3685	1192'		
l Describe in deta		n which the w	ellw	as plugge	d. indicat	ing where the mud fluid		
praced and ine	te the charact	as used in in er of same ai	trodu nd de	cing it i enth plac	nto the ho ed. from	le. If cement or other p		
	Sanded Doctor	11 60 3430 0	a u m p e	ed 4 sac	ks cemen	t.		
	Mixed 5 sacks 225 Sacks AT	s hulls with Land 5 sach	n 22! ks hi	<u>sacks</u> ulls.	cement a	nd shut in @300#.		
(If a	additional descr	intion is nece	accar	V USO PA	CV of this			
	g ContractorK				~ ~			
	Box 347 Chase					License No. 6050		
			7524			STATE OF THE HEAVESION		
NAME OF PARIT RE	ESPONSIBLE FOR P	LUGGING FEES:	K e	elso Cas	ing Pull	4 4		
STATE OF Ka	insas	COUNTY OF _		Rice		_,ss. JAN 1 6 1990 1-16-90		
	R. Darrell K	elso		(E	Employee o	CONTRACTOR DESCRIPTION AND A CONTRACTOR		
	well, being firs d matters hereing de and correct, s	i confained an	ia The	ath cave.	That I ha	o vpereatory or voperator ave know edge cofsthe fac described well as filed		
	2001,001,001,	oo nerp me god		Signature)	Phi	me affilia		
			(<i>f</i>	(ddress)	.O. Box	347 Chase, KS. 6752		
•	SUBSCRIBED AND	SWORN TO befo	re me	this	1-2 day o	of		
•			-		Hene	Tembers		
	My Commission F	Vnless	- 100		Nota	ry Public		

My Commission Expires:

IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4 Revised 05-88