WELL PLUGGING RECORD

15-147-20269-00-00

STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	K.A.R82-3-117 TYPE OR PRINT NOTICE: Fill out completely			API NUMBER LEASE NAME Miller WELL NUMBER #1	
WICEITS, ROBSES U/202					
			WELL NU	IMBER #1	
	and return to	Cons. Div.	***************************************	Ft. from S Section Line	
				Ft. from E Section Line SE NW SE	
EASE OPERATOR Baird Oil Company, Inc.			SEC - 27	TWP. 48 RGE. 20W (E)or (W)	
Box 428 Logan, Kansas 67646			COUNTY	Phillips	
PHONE#(913 689-7456 OPER			Date We	oll Completed	
Character of Well <u>Oil</u>			Pluggin	Plugging Commenced 7-7-87	
(Oil, Gas, D&A, SWD, input, Water Supply Well)			Pluggin	Plugging Completed 7-23-87	
Did you notify the KCC Distri	ct Office prior to	plugging ti	nis well?_	Yes	
Which KCC Office did you noti	f y ?	Dist.#	6 Hays	, Kansas	
Is ACO-1 filed?	f not, is well log	attached?_	٠,١		
Producing Formation					
Show depth and thickness of a	ll water, oil and g	as formatio	ons.		
OIL, GAS OR WATER RECORDS		Ç	ASING RECO	DRD	
Formation Content	From To	Size	Put in	Pulled out	
		8-5/8"	2421	none	
		4-1/2"		2006'	

pescribe in detail the manner placed and the method or method were used, state the character at the characte	hods used in introd ter of same and d sand to 2800' and 4 4-1/2" casing.	ucing it li lepth plac	nto the ho ed, from	ole. If cement or other plug feet to feet each set	
Plugging Complete.					
(If additional desc	cription is necessa	ry, use BAC	K of this	form.)	
Name of Plugging Contractor	Kelso Casing Pulli	ng, Inc.		License No. 6050	
Address P.O. Box 347	Chase, Kansas 6	7524			
STATE OF Kansas	COUNTY OF Ric	:e		,\$\$.	
Mike Kelso, Vice-Preside		(Emc	lovee of	Operator) or (Operator) o	
above-described well, being	first duly sworn on	oath, says	: That i	have knowledge of the facts	
statements, and matters herei the same are true and correct) contained and the	log of the	above-de	scribed well as filed tha	
	·	(Signature)	122	Le Ollan	
		(Address)	Box 34 Chase.	7 Kansas 67524	
SUBSCRIBED A	ND SWORN TO before i		8th day		
			ene	Lauren	
My Commission	1 Expires:	IRENE HOC State of Ke My Appt. Exp. Aug	NEW STA	10 2 9 1987 Form CP-4	
				Revised 07-86	