STATE OF KANSAS

WELL PLUGGING RECORD

STATE CORPORATION COMMISSION	K.A.R.	-82-3	-117	API NUM	API NUMBER 15-039-20,881-00-00			
200 Colorado Derby Building Wichita, Kansas 67202	,			LEASE N	LEASE NAME TACHA			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			WELL NU	WELL NUMBER 1 2310 Ft. from S Section Line			
office within 30 days.				1650	1650 Ft. from E Section Line			
LEASE OPERATOR REYNOLDS-REXWINKLE OIL, INC.				SEC. 19	SEC. 19 TWP.4 RGE. 26 XXXXX (W)			
ADDRESS 212 N. Market #402, Wichita, KS 67202				COUNTY	COUNTY Decatur			
PHONE#(316) 269-1233 OPERATORS LICENSE NO. 30870					Date Well Completed $2/01/92$			
Character of Well D & A				Pluggin	Plugging Commenced 2/01/92			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed 2/01/92			
The plugging proposal was appr	oved on	·	1/29/92			·	(date)	
by								
Is ACO-1 filed? Yes If								
Producing Formation D & A Depth to Top							6賽'	
Show depth and thickness of al							DIVISIO	
OIL, GAS OR WATER RECORDS			C	ASING RECO		1852	ZEE S	
Formation Content	From	То	Size	Put in	Pulled out		- <u>इ</u>ह	
]			<u>₹</u>	<u> </u>	
	0	301	<u>8-5/8"</u>	301	none S		CONS	
					2			
Describe in detail the manner placed and the method or meth were used, state the charact	ods used in int	trodu id de	cing it in pth plac	nto the ho ed, from_	le. If cemen _feet to	t or o	ther plugs each set.	
25 sk @ 2050' 10 sk 100 sk @ 1290' 15 sk	@ 40' in rathole	190	sk 60/4	0 poz, 69	% gel, ½#	floce	le pr/sk	
40 sk @ 350'		bv	Allied	#2391				
(If additional desc								
Name of Plugging Contractor				Υ	License No	5418	3	
Address P.O. Box 1389, Gre						·		
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	REY	NOLDS-R	EXMINKTE	OIL, INC.			
	COUNTY OF _	SE	DGWICK	· · · · · · · · · · · · · · · · · · ·	_,ss.			
Jeffrey S. Rexu	sinkle		(Employee o	f Operator)	or (Ope	erator) of	
above-described well, being first statements, and matters here the same are true and correct,	in contained an	id the	of 1	the above-	ave knowledge described we y S. Reyu	ll as t	filed that	
. NYLA J. SILLS				0	<i>M</i> arket #4			
SUBSCRIBED AND	O SWORN TO befo	re me	_		of February			
NYLA J. SILLS NUTARCOUNTES SI de	Expires:	4	y y ca	Not	ry Public	\bigcirc		
STATE OF KANSAS My Appl. Exp. 06-07-94					1	í	Form CP-4	

Form CP-4 Revised 05-88