Form CP-4

STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 No. Market

WELL PLUGGING RECORD

| State Corporation Commission 212 No. Market | Raw | lins | Count | v Sec 17 | Twp.4S Rge. | 33 (Xa) | W (W) |
|--|--|---|--|---|---------------------------------------|--|--|
| Wichita, Kansas NORTH | | E/CNW%SW%" | or footage fro | m lines | C'NE NW | Till / | (V / |
| | Lease Owner_ | Murtin D | rilling C | ompany | | | *** |
| 4 | Lease Name Minney Well No. 1 | | | | | | |
| | Office Address 617 Union Center, Wichita, Kansas 67202 Character of Well (completed as Oil, Gas or Dry Hole) D & A | | | | | | |
| | Date well completed 9-3 19-71 | | | | | | |
| | Application for | are a company of the | | | | | |
| | Application for plugging approved | | | | 9-3 19 71 | | |
| | | | | | | <u> 19 71</u> | |
| | Plugging completed 9-3 19 71 | | | | | | |
| | Reason for aba | ndonment of we | ll or producin | g formation _ | D & A | Polymer (This collision in Principle 2) v Zavi yayati uniqilayi cari miso ma | Macroson mappingapagga sas |
| | 75 1 | ** * * * | 9 7 | | | THE RESERVE OF THE PROPERTY OF | |
| | | | | | or its agents before | | |
| Locate well correctly on above Section Plat | | n objanica mon | Yes | ation Division | or its agents bei | ne plugging | was com- |
| Name of Conservation Agent who super | vised plugging of th | is wellBi | | s, Morla | and, Kan <mark>s</mark> as | 3 | |
| Producing formation | | | | | | | 20 Feet |
| Show depth and thickness of all water, | oil and gas formation | os. | | | | | |
| OIL, CAS OR WATER RECORDS | S | | | | | CASING RE | CORD |
| | | St Or each A | | | | | *************************************** |
| FORMATION | CONTENT | FROM | TO | SIZE | PUT IN | PULLED | OUT |
| | | | | | | _ | |
| | | - | | | | | *************************************** |
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| Describe in detail the manner in | | 1 | | <u> </u> | | | tigan delemakan menerinyan pengangan menerinya |
| | 050' w/100 s: 310' w/25 sx: 40' w/10 sx: | S | | | | | |
| | 10 11/10 021 | | *************************************** | | | | The state of the s |
| | | | 67.42 | RECEN | VEN | - | Phillippin de la companya de la comp |
| | # 1900 the section of | | AIAIE | CORPORATION | VED LCOMMUSSION | | |
| | | | | CEDA | | | |
| | | | CON | SERVATION | 1971 | - | - |
| | | | | SERVATION Wichita, Ka | DIVISION | | *************************************** |
| ** On Eq. () Control on the state of the st | | | | | usas | - | |
| | | | | | 9- | -15-17 | / |
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| | | *************************************** | | *************************************** | | Made the service of t | Notice with the same the control of the same of the sa |
| | | description is nece | | of this sheet) | | | Marine and the second s |
| Name of Plugging Contractor | Murfin Dril | ling Comp | any | | | | Market and the second party of the second |
| Address 617 Union C | enter, wich | ita, Kansa | S | | | Process and the second | |
| | | | No. of the latest and the second and | | | | Personal Control of the Control of t |
| STATE OF Kansas | COU | INTY OF | Sedgwick | ζ. | SS. | | |
| | | | employee of | owner) or (ov | wner or operator) | of the above | -described |
| well, being first duly sworn on oath, sa above-described well as filed and that | ys: That I have kn the same are true ar | owledge of the | facts, stateme | ents, and mati | ters herein contain | ed and the l | log of the |
| N. 380 1111 | | (Signature)_ | - Hou | $\sim K^{\sim}$ | Laurel | <u> </u> | SUPA COLUMN TO THE COLUMN THE COLUMN TO THE |
| The state of the s | | <i>(</i> | 617 Unio | n Center, | , Wichita, | Kansas | 67202 |
| HOTARY | 7 4. | 7 | | | (Address) | | |
| SUBSCRIBED AND SWORN TO before | me this 14t | hday of_ | Se | ptember | , 19 | 71 | |
| PUBLIC /SE | | | Duil | ma 41. | Broke | <i>y</i> | |
| My commission expites Pebruary | 7, 1975 | State-Aug | Wilma \ | 1. Brokes | · · · · · · · · · · · · · · · · · · · | Notary | Public. |
| CK CO. Jane | | Noviment accompanies no or para para | | | | | |