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

Form CP-4

WELL PLUGGING RECORD

15-039-00480-00-01

NORTH

Locate well correctly on above
Section Plat

Decatur _____ County. Sec. 35 Twp. 4S Rge. 27W (E) ____ (W)

Location as "NE/CNW¼SW¼" or footage from lines NE NE NE

Lease Owner __ TEXACO INC.

Lease Name __ R. L. Skubal "B" _____ Well No. 1

Office Address __ 614 Bitting Bldg., Wichita, Ks.

Character of Well (completed as Oil, Gas or Dry Hole) dry

Date well completed _____ 1 19 54

Application for plugging filed _____ 10/16 19 69

Application for plugging approved _____ 10/21 19 69

Plugging commenced _____ 10/26 19 69

Plugging completed _____ 10/26 19 69

Reason for abandonment of well or producing formation __ dry

If a producing well is abandoned, date of last production _____ 19 ____

Was permission obtained from the Conservation Division or its agents before plugging was commenced? __ Yes

Name of Conservation Agent who supervised plugging of this well __ W. L. Nichols

Producing formation _____ Depth to top ____ Bottom _____ Total Depth of Well 3880 Feet

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

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULLED OUT
				8-5/8"	520	None
				4-1/2"	3671	None

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 for each plug set.

Hole plugged as follows: Squeezed perfs 3245-3589' w/8 sx cmt; cmt plug 3589-3050' w/45 sx cmt; gel plug 3050-630' w/13 sx gel; cmt plug 630-0' w/40 sx cmt.

STATE CORPORATION COMMISSION
RECEIVED
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CONSERVATION DIVISION
Wichita, Kansas

(If additional description is necessary, use BACK of this sheet)

Name of Plugging Contractor __ Company

Address _____

STATE OF __ Kansas _____, COUNTY OF __ Sedgwick _____, ss.

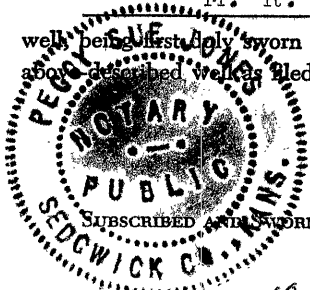M. R. Wilson _____ (employee of owner) or (owner or operator) of the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well filed and that the same are true and correct. So help me God.

(Signature) M. R. Wilson, Dist. Supt.

614 Bitting Bldg., Wichita, Ks.
(Address)

SUBSCRIBED AND SWORN TO before me this 3rd day of November, 19 69

Peggy Sue Jones
Notary Public.

My commission expires 10-13-73