STATE OF KANSAS STATE CORPORATION COMMISSION

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

API	NUMBER /5-/	43.	22345-00-00
Ar I	MOMBER 75	タン・	0.0010

200 Colorado Derby Building		LEASE NAME					
Wichita, Konsas 67202	TYPE O	TYPE OR PRINT			LEASE NAME <u>Griebel</u> WELL NUMBER B-2		
	NOTICE: FILL	out c	ompletely				
•	and return office wit	to C	ons. Div. O days.	**************************************	Ft. from S Section Lin	ı <del>e</del>	
				***************************************	Ft. from E Section Lin	ıe	
LEASE OPERATOR Baird Oil Co Box 428	mpany, Inc.	·		sec. 16	_TWP. 78 RGE. 19W (E) or (W	3	
ADDRESS Logan, Kansa	s 67646			COUNTY	Rooks		
PHONE#( 913 689-7456 OPER				Date We	II Completed		
Character of Well 011	Pluggin	Plugging Commenced 5-8-87					
(OII, Gas, D&A, SWD, Input, W	Pluggin	Plugging Completed 7-23-87					
Did you notify the KCC Distri	ct Office prior	to p	lugging t	his well?_	Yes		
Which KCC Office did you noti	fy?	Dist.	#6 I	lays, Kans	as		
Is ACO-1 filed?	f not, is well	log a	ttached?_	,		*****	
Producing Formation						<del>Marijan</del>	
Show depth and thickness of a					and the state of t		
OIL, GAS OR WATER RECORDS			С	ASING RECO	RD		
Formation Content	From	To	Size	Put in	Pulled out		
			8-5/8" 5-1/2"				
Describe in detail the manner placed and the method or method were used, state the character of the pulled a total of 48 joing sacks econolite.  Plugging Complete.  (If additional descriptions)	ster of same as sand to 3230' a nts of 5-1/2" c	nd de und 5 asing	oing it in pth plac sacks cer . Plugge	nto the ho ed, from nent. Sho ed surface	feet to feet each to pipe @2200' & 1960', with 6 hulls and 200		
	aripiion is nece	essar	, use BA	1			
Name of Plugging Contractor	Kelso Casing	Pu11	ing, Inc.		License No. 6050	· 	
Address P.O. Box 347	Chase, Kansa	s 675	24				
STATE OF Kansas	COUNTY OF	Ric	e	**************************************	_,ss.		
Mike Kelso, Vice-Preside	nt		(Emp	oloyee of	Operator) or (Operator	) 0	
above-described well, being t statements, and matters herein	first duly sworr n contained and	on o	oath, says	s: That   1	have knowledge of the fa	cte	
the same are true and correct,	, so help me God	i.		_		, H a	
		( :	Signature		Box 347		
		( )	Address)				
SUBSCRIBED AN	ND SWORN TO befo	ore me	this2	8th day	of <u>Jaly</u> ,19 87		
	34.13		Vi	Elme)	Home		
MyTACOmmission				Not			
and the same of th	9 1987 9-87 8 314 316 18	May	IRENE HOOVE State of Kansa Appt. Exp. Aug. 15	≘s 5, 1989	Form C JUL 2 9 1987 Revised 07 SUL 29,1987	P-4 -86	
marthia SOL, 4	L. Arm W				versions, terroras		