STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202

My Commission Expires: 3-16-98

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

ΡI	NUMBER_	15=179-20,696-00-00	_

TYDE	00	DOTAL	
ITPE	UK	PRINT	

WELL NUMBER____

LEASE NAME Rrantley

		ons. Div. office			. from(S/N Line of	Section (circle one)	
			•	990_ Ft	. from E/W Line of	Section (circle one)	
EASE OPERATOR E1m	er Hoff			SPOT LOCATION W/2 - SE - SE - SEC. 16 TWP. 6 S. RGE 29 (E) or (W)			
\DDRESSBox	264						
MITY, STATE, ZIP Sel	denk Kansas 6		county Sherdian				
HONE#(913)_735-25	640PERATORS LICENSE N	o. <u>8847</u>		Date Well Completed 8-23-83			
Charater of Well (Oil, Ga	0i1			Date Plugging Commenced $9-12-96$ Date Plugging Completed $9-12-96$			
(Oil, Ga	s, D&A, SWD, Input, Wa	ter Supply Well)					
The plugging proposal wa	is approved on 9-1	1-96				(date)	
or Head Deines					(KCC D	istrict Agent's Name)	
Is ACO-1 filed?	If not, is well	log attached?					
oroducing Formation(s)	LKC		Dep	th to Top <u>40</u> 9	26 Bottom <u>4/0</u>	0 T.D. <u>415/</u>	
Show depth and thickness		gas formations.					
DIL, GAS OR WATER RECORD	os				CA	SING RECORD	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULL OUT	
				8 5/8	259	0	
				51/2	4154	0	
Described in detail the used in introducing it 4096 feet to 410 mi	into the hole. If ceme 0 feet each set. 0 Sks. ceme	ent or other plug ent with 4	s were used, st	ulls follo	wed by 13 s	placed, from	
	1. Then mix						
Pr	essure to 800	psi-Held	hook on b	ack side a	nd pressure		
	/If additio	nol description	ie nocesamy II	se <u>BACK</u> of this f	orm)	Processor South	
Name of Plugging Contrac					OI m. /		
License No.	1 V				-		
	1, Kansas						
NAME OF PARTY RESPONDIB						= 30-11.9	
STATE OF	COUNTY OF			,ss.		www. 9-1-1	
duly sworn on oath, says: The well as filed that the (Signature) (Address) Po Boy	same are true and corre	the facts, state oct, so help me co	ements, and mat	ters herein conta		bed well, being first	
SUBSCRIBED AND SHOR	N TO before me this	/6 day of _	Serlember	<u>, 19_96_</u>	NAME OF THE PARTY	-	

Form CP-4 Revised 12-92

SHEILA KUHN NUTARY PUBLIC STATE OF KANSAS My Appt. Exp. __2~16_-9_3