STATE STATE	COF	RPOR	ATIC					
200 Cd							11	n g
Wichit	1039	KGII		0,	202	•		

WELL PLUGGING RECORD

STATE CORPORATION COMMISS 200 Colorado Derby Build Wichita, Kansas 67202	SION	K.A.R82-3-117				API NUMBER 15-163-22,785-00-0			
		TYPE OR PRINT				LEASE NAME Roelfs			
NOTICE: Fill out completely			WELL NUMBER 1						
		and return to Cons. Div. office within 30 days.			<u> </u>		Section Line		
					4450	Ft. from E	Section Line		
LEASE OPERATOR Rim Oil Co.							. 17 Mor(W)		
ADDRESS 2101 Lincoln D	r. Hays.Ka	nsas 6	7601		COUNTY	Rooks			
PHONE#913) 628-8694	OPERATORS L	Date We	II Completed	11-1-85					
Character of Well Di &	<u> </u>	Plugging Commenced 11-1-85							
(Oil, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 11-1-85			
Did you notify the KCC/KE	HE Joint Di	strict 0	ffice	prior to	plugging	this well?	Yes		
Which KCC/KDHE Joint Offi	ce did you	notify?_	#11	Marion :	Schmid t				
Is ACO-1 filed? Yes	If not,	is well	log a	ttached?					
Producing Formation									
Show depth and thickness									
OIL, GAS OR WATER RECORD) S			C/	ASING RECO	RD	Bottle-Andrews and property appropriate and the continues		
Formation Conten	it	From	То	Size	Put in	Pulled out			
Conductor 60/	40 pos	0	85	13 3/8	85	0			
Surface 60/	40 pos		1181	8 5/8	1181	0			
 Describe in detail the ma	nner in whi	l ch the w	ell w	as plugged	i, indicat	ing where th	e mud fluid was		
placed and the method or were used, state the char Plug #1_3260 W/25 sk	methods use	d in int	roduc	ing it int	to the hol	e. If cement	or other pluas		
Plug #2-1210 W/50 sk			(t	otal,180) sk 60/4	10 pos W/	4%gel_		
Plug #3-700 W/ 80 sk Plug #4- 40 W/ 10 sk	& 15 sk i	n rathe	n l A	3% cc &	l sk flo	seal)			
(If additional	description	n is nec	essar	y, use BAC	CK of this	form.)			
Name of Plugging Contract	or <u>Pionee</u>	r Drlg.	. Co.	Inc.		License No	5665		
Address <u>308 W. Mill Pla</u>	ainville,K	ansas (<u> </u>						
STATE OF	COI	JNTY OF	R	ooks		_,ss.			
				(Emp	oloyee of (Operator) or	(Operator) of		
above-described well, bei statements, and matters h	ng first du	y sworn	on oa	ath. savs:	That I ha	ave knowleda	e of the facts		
the same are true and cor	rect, so he	lp me Go	d •		()	_			
				Signature)		of onro			
						insas 6760	L		
SUBSCRIB	ED AND SWORM	N TO bef	ore me	• this 19	Oth day	of November	, 19 <u>85</u>		
	PECTAL.	,		Greek	s) (1. 1	My Cycle			
My Commi	s & PORCEXION CO	SHMISSION		ITARY PUBLIC - St	NOTE	aly Sybilc			
	NOV 2 19	95		ARILLA A. I	VIZELL		Form CP-4		
	41 10			I My Appt. Exp. No	v. 26, 1986		Revised 08-84		

Form CP-4 Revised 08-84