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

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WELL NUM	BER _					
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TYPE OR PRINT NOTICE: Fill out completely office within 30 days.

and return to Cons. Div. 990 Ft. from E Section Line SEC. 20 TWP. 7 RGE. 17 (4) or (W) LEASE OPERATOR Rim Oil Co. COUNTY ROOKS ADDRESS 2101 Lincoln Drive Havs. Kansas 67601 PHONE#(913 628-8694 OPERATORS LICENSE NO. 7011 Date Well Completed 11-9-85 Plugging Commenced 11-9-85 Character of Well D. & A. Plugging Completed 11-9-85 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes Which KCC/KDHE Joint Office did you notify? #11 Marion Schmidt Is ACO-1 filed? Yes _____If not, is well log attached?_____ Producing Formation _____ Depth to Top _____ Bottom _____T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD

Formation	Content	From	То	Size	Put in	Pulled out
conductor	60/40 pes	0	80	13 3/8	80	9
surface	60/40 pos		121	8 5/8	1211	<u> </u>
	I the manner in w	nich the w	 ell w	as plugge	l <u> </u>	 ing where the mud fluid wa

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 each set. Plug #1-3275' W/20 sk Plug #2-1250' W/40 sk (total, 180 sk 60/40 pos W/6%

ug #3-620' W/100 sk ug #4- 40' W/10 sk & 10 sk in rathole gel

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

____License No. 5665 Name of Plugging Contractor Pioneer Drlg. Co. Inc.

Address 308 W. Mill Plainville, Kansas 67663

COUNTY OF ROOKS STATE OF

(Employee of Operator) or (Operator) of 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 as filed that the same are true and correct, so help me God.

(Signature) June Mondae

(Address) Hays, Kansas 67601

SUBSCRIBED AND SWORN TO before me this 19th day of November ,19 85

Notary Public

STATE COMPCIONATION MY COMMISSION Expires:

11-21-85

ARILLA A. MIZELL ## My Appt. Exp. Nov. 26, 1986

Form CP-4 Revised 08-84

NOV 2 1 1985