STATE DE KANSAS

WELL PLUGGING RECORD 15-163-01315-00-00

STATE CORPORATION COMMISSION 200 Colorado Derby Building Hichita, Kansas 67202		K.A.R82-3-117			API NUMBER			
					LEASE N	LEASE NAME Desmarteau		
,		TYPE OR PRINT				WELL NUMBER # 2		
	OTICE: Fill out completely and return to Cons. Div.				Ft. from S Section Line			
offic			ce within 30 days.			Ft. from E Section Line		
EASE OPERATOR Graham-Michaelis Corporation					SEC. 9	SEC. 9 TWP. 7S RGE.19W (E)or(W)		
P.O. Box 247 DDRESS Wichita, KS 67201					COUNTY	COUNTY Rooks		
HONE#(316) 264-8394 OPERATORS LICENSE NO. 5134					_	Date Well Completed		
character of Well <u>Oil</u>						Plugging Commenced 12/12/88		
Oll, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 12/28/88		
the plugging proposal was approved on					*			
y							Name).	
s ACO-1 filed?							6 !	
roducing Formation		Depth	to T	op	Botte	omT.D355		
how depth and thic	kness of all wa	ter, oil a	ınd ga	s formati	ons.			
OIL, GAS OR WATER	RECORDS			C	ASING RECO	RD		
Formation .	Content	From	То	Size	Put in	Pulled out		
				8 5/8		none		
			-	5 1/2	3553	1091		
laced and the met ere used, state to Plugged bott	hod or methods the character om with sand	used in in of same a to 3120	trodu nd de ', rā	cing it i pth plac in 5 sac	nto the ho ed, from_ ks cement	Ing where the mud le. If cement or of feet tofeet e c, shot @2320', 200 Sacks ceme	ther plug each set 1905 '',	
(If addl	tional descript	ion is nec	essar	y, use BA	CK of this	form.)	***************************************	
ame of Plugging Co	ntractor Kels	o Casing	Pul:	ling, In	.C. [lcense No. 6050		
ddress P.O. Box								
AME OF PARTY RESPO		CING FEES.	Gra	ham-Mic	haelis Co	orporation		
Vanc	a C		1	Rice			A)	
IAIL OF		COUNTY OF	***************************************			_, ss.		
bove-described well tatements, and make the same are true and the same are true are true and true are true and true are true are true and true are true ar	atters herein c nd correct, so MMSSION SS 2-30 SS BOCKIBED AND SW	ontained a help me Go	and the	ath, says e log of Signature	: That I had the above-of the a	f Operator) or (Operator) or (he facts filed tha	
and the same	ON DIVISION A. Konsas A. Kommission Exp	Ires #		89) Not	ary Public .		
Ora Wile HA	S- COMMISSION EXP	a.	FET	REFACE NOT State of Kon by Appl, Exp. Avg	was i	Revis	Form CP-4 sed 05-88	