ATE OF KANSAS WELL PLUGGING RECORD KAARA-82-3-117					API NUMBER 15-163-23,278 -00-00			
ANSAS CORPORATION CO		7077	/			ME RISELEY "B"		
30 South Market - Room 2078 ichita, Ks. 67202						WELL NUMBER 4		
NOTICE: FILL out completely						1090 Ft. from 8 Section Line		
and return to Coms. Div. office within 30 days.						4.4		
LEASE OPERATOR BAIRD OIL COMPANY						sec. 17 TWP. 75 RGE. 20 (E) or (N)		
						COUNTY ROOKS		
ADDRESS P.O. BOX 428, LOGAN, KS 67646					· · ·			
PHONE () 913-689-7456 OPERATORS LICENSE NO. 5352						Date Well Completed 6-17-96		
Character of Well D/A						Plugging Commenced 6-17-96		
(OII, Gas, D&A, SWD, Input, Water Supply Well)						Completed $6-1$	7-96	
The plugging proposal was approved on $6-17-96$ (date)								
by HERB DINES (xc						C District Agent	's Name).	
ls ACO-1 filed? E	inclosed If not,	is well	log a	ttached?_				
Producing FormationDepth to Top					Botto	т.р. 3	707'	
Show depth and thickness of all water, oil and gas formations.								
OIL, GAS OR WATER RECORDS CASING RECORD								
Formation	Content	From	To	Size	Put In	Pulled out		
				8 5/8"		None ·	* •	
						•		
Describe in detail								
placed and the method or methods used in introducing it into the hole. If cement or other plu- were used, state the character of same and depth placed, from feet to feet each se- Fill with heavy mud. 1st plug from 3635'-3435'with 25 sks, 2nd plug from 1766'-1666' with 25 sks,								
Fill with heavy mu	d. 1st plug from 3 '-700' with 100 sks	3635'-343	35'wit ua fr	h 25 sks, om 315'-1	2nd plug 子 55' with 40	rom 1766'-1666' w	ith 25 sks,	
3rd plug from 1100'-700' with 100 sks, 4th plug from 315'-155' with 40 sks, 5th plug from 40'-0' with 10 sks, rathole 15 sks, total 215 sks.								
Name of Plugging Co	ontractor . Abercr	ombie RTD,	Inc.			License No. 3	0684	
Address 150 N. Main, Ste 801, Wichita, Ks. 67202 RECEIVED KANSAS CORPORATION COMMISSION							NON	
NAME OF PARTY RESPO	ONSIBLE FOR PLUGGI	NG FEES:		BAIRD OIL	T Kr Ki C -			
STATE OF Kansas COUNTY OF Sedgwick AUG 2 (1990 7- 96								
Jin R. B.	aid				(Employee o	t completeration) DIVISION		
ew bedinzeb-evods no bns and n	il, being first du matters herein con	ly sworn	on o	ath, say:	s: That I h	to epbellwork eve	the fact	
the same are true	and correct, so he	lp me Go	od.	Signatur	\cap $/$			
				Address)/	Box 47	8 /m. 1 65	67646	
9	UBSCRIBED AND SWOR	N TO 5-		\sim (22 nd 1211	ot I August	,19 %	
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	lu Osmalaalaa 6		2/20	199	Not	ary Public		
use caly one	SIDE OF EACH F	ÖRM '	2/24/	//	I.A.	NOTARY PUBLIC	Form CP-	
					MY APP	STATE OF KANSAS EXPIRES 3 29 99	15-d 05-e	
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