	STATE OF KANSAS	OMMISSION	WELL PLUG K.A.R.	GING R -82-3-	ECORD	AP . NUME	SER 163-21-	457 AOWWO
	200 Colorado Derby Wichita, Kansas 67	Building			·		ME Bird	
,	No. 1955		TYPE OR PRINT NOTICE: fill out completely and return to Cons. Div.			WELL NUM	MBER #1	
`		a				424444444444444444444444444444444444444	_ Ft. from S	Section Line
			office wit	hin 30	) days.		_ Ft. from E	Section Line
	LEASE OPERATOR O	EASE OPERATOR Oil Producers Inc. of Kansas					TWP.8 RGE	3 <u>8</u> (E)(*)
tu .		DDRESS Box 8647, Wichita, Kansas 67208					Rooks	
	PHONE (316 682-30	Character of Well Oil RECEIVED RECEIVED						
	Character of Well Oil RECEIVED OPERATORS LICENSE NO. 8001  Character of Well Oil RECEIVED OPERATOR OPERATOR COMMISSION OP-23-1988  (Oil, Gas, D&A, SWD, Input, Water SUPPLY Well)  Did you notify the KCC/KDHE Joint DistriSEP 23 1988					Plugging	g Commenced∂	_20-88
	(Oil, Gas, D&A, SWI	), input, Water	STATE COM	1) 5 %	78 <b>8</b>	Pluggin	g Completed	
	Did you notify the	KCC/KDHE Joint	DistriSEB	Hice	prior to	plugging	this weil?	yes
				2 3 5 6 5 6 7	( ) / # 4			
	Is ACO-1 fired?	yes If not	ttached?					
	Producing Formation	j	Depth	to Te	ор 3169	Bott	om <u>3188</u> T	D. 3226
	Show depth and thickness of all water, oil and gas formations.							
OIL, GAS OR WATER RECORDS CASING RECO							RD	
	Formation	Content	From	To	<b>Size</b> 8 5/8	Put in 212	Pulled out	
				_	43	3226	1815.60	
				_				
	Describe in detail placed and the met	the manner in w	thich the v	well w	as plugge inc it in	d, indicat	ing where the	he mud fluid w t or other plu
Botto	www.wrod state f	ha chacactar of	Same and c	deoth	placed. t	rom teet	TO TOST OF	ach set.
DOCCO	m <sub>Sanded to 3072</sub> Top:300 sks 60/4	0 pos mix, 8%	gel, 8	ňúľÍs	, <sup>上</sup> ,「b i	er sk fl	o-seal	
	300/100 pressure		tion is ne	cessar	v. use BA	CK of this	form.)	
(If additional description is necessary, use BACK of this form.)								4635 CP
	Name of Plugging Contractor <u>Great Bend Casing Pullers, Inc.</u> License No. 4635 CP.  Address <u>Box 768</u> , Great Bend, Kansas 67530							
	STATE OF Kansa		COUNTY OF		rton		,55.	
•						_		r (Operator) 🍑
	Gary G. Burke (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the tack statements, and matters herein contained and the log of the above-described well as tiled the							
	the same are true			od.	Signature	y e u	ABu	he Pils
					-		, Great Be	end, Ka <b>nsas</b>
	· · · · · · · · · · · · · · · · · · ·	UBSCRIBED AND SI	NORN TO be				" ,	0/544
		SECURITIES AND ST			, '0	ea L. mi		
						Not	ary Public	

My Commission Expires: 1-13-90

MOTARY PUBLIC - State of Kansas

LOVELLA L. MULLEN

My Appt. Exp. 1-13-90

Revised 08-