Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## KANSAS CORPORATION COMMISSION RECEIVED OIL & GAS CONSERVATION DIVISION

## **WELL PLUGGING RECORD**

K.A.R. 82-3-117

MAY 0 8 2006 Type or Print on this Form Form must be Signed All blanks must be Filled

			-10/6 Ca		KCC MICHAEL	
Lease Operator: Beredco			51910 4 -VCAPET-		API Number: 15 - 167-03358-00-01	
Address: PO Box 723 Hays, KS 67601			perc	P2/3	Lease Name: Gale Sellens	
Phone: (785 ) 628 -6101 Operator License #: 5147					Lease Name: Gale Sellens  Well Number: 6	
Type of Well. EOR (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Docket #: E-l 3550.3 (If SWD or ENHR)					Spot Location (QQQQ): S/2 - NE - NE - PIC - U290 Feet from North / South Section Line	
The plugging proposal was approved on: 3/30/06 (Date)					Feet from East / West Section Line	
by: Case Morris (KCC District Agent's Name)					Sec. 19 Twp. 15 S. R. 13 ☐ East ✓ West	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 12-2-43	
PLATT Depth to Top: 2848 Bottom: 2872				D	Plugging Commenced: 3/30/06 Plugging Completed: 3/30/06 3:30 pm	
Depth to Top: Botto			om: T.D			
Depth to Top: Bottom: T.D.			D			
Show depth and thickness of	of all water, oil and gas	formations.				
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						oduction)
Formation	Content	From	То	Size	Put In	Pulled Out
ARB		0	432	10-3/4	12-43	0
		0	3234	5-1/2	12-43	0
LKC						
PLATT						
hole. If cement or other plu Back off tbg at 1438', 14	gs were used, state the 40 sxs 60/40 poz 10 ace pipe. mix 85 sx	e character of % gel down s 60/40 poz	same depth plant tbg, circ cen z 10% gel. m	aced from (bott nent to surfac ax pressure	tom), to (top) for each ce 5-1/2 csg. Pull th 300# - shut in pre	or methods used in introducing it into the plug set.  og out of hole 47 jts. 2-3/8 lined tbg.  ssure 200#. Hook up to 5-1/2 csg
Name of Plugging Contractor: Beredco					License #: <u>51</u>	47
Address: PO Box 723	Hays, KS 6760	01		*		
Name of Party Responsible	for Plugging Fees: De	ennis Kirr	ner			
State of KS		Ellis		_ , ss.		
Dennis Kirmer				(Employee o	f Operator) or (Operato	or) on above-described well, being first duly
		facts stateme	ents, and matter			e above-described well is as filed, and the
same are true and correct, s	so help me God.		1/25	31		
***************************************	and the second s	(Signature)	NEN	1007 j	sme)	
SHANNAN		(Address)_P	O Box 723 F	lays, KS 67	7601	
NOTARY F STATE OF	KASSASCRIBED and S	ua M	illo	day of _	Commission Expires:	9/19/09
		Notary Pu	DIIC			