STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg.

WELL PLUGGING RECORD

State Corporation Commission 212 North Market, Insurance Bldg. Wichita, Kansas	Market and the state of the sta	ROOKS			rwp.98 Rge.	$18W (E) \qquad (W)$			
NORTH	Location as "NI	E/CNW#SW#" John 0.	or footage from		W WW				
	Lease Name	Stahl				_ Well No. 1			
	Office Address_	Box 352							
	Character of Well (completed as Oil, Gas or Dry Hole) 0 i l Date well completed February 1954								
	Date well company Application for	•				February ₁₉ 54 March ₁₉ 73			
	Application for		M.	arch 16 ₁₉ 73					
	Plugging comm		March 28 ₁₉ 73 March 28 ₁₉ 73						
	Plugging compl			March 28 ₁₉ 73 Depleted					
	Reason for abandonment of well or producing formation								
	If a producing well is abandoned, date of last production January 1973								
Locate well correctly on above	Was permission menced?	obtained from	the Conserva	ation Division	or its agents bef	ore plugging was com-			
Section Plat Name of Conservation Agent who supe			eo Masse	V					
Producing formation Arbuc	kler	Depth to top			Total Depth of	Well 3587 Feet			
Show depth and thickness of all water	, oil and gas formation	ns.							
OIL, GAS OR WATER RECORD)S					CASING RECORD			
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULLED OUT			
Mix 20 cu f l sx. hulls 20 sx. ceme	60 cu ft. c			sx gel.	Release	d plug			
	RECEIVED								
		THE PERSON NAMED OF THE PE		SIA	TE CORPORATIO	N COMMISSION			
					APR 13	1079			
				70.0	4-13-7	73			
				CC	NSERVATION	DIVISION			
					Wichita, Ka	insas			
	W 200. (delection (A) 100.								
Name of Plugging Contractor	(If additional	description is nece	ssary, use BACK	of this sheet)					
		isas 676	/						
STATE OF KANSAS	, COU	NTY OF	RUSSEL	L	_, \$8.				
JOHN O. FARM		<u>sident</u>	employee of o	wner) or (own	er or operator)	of the above-described			
well, being first duly sworn on oath, s above-described well as filed and that	the same are true an	owledge of the d correct. So l	facts, statemer	nts, and matter	rs herein contain	ed and the log of the			
	•	(Signature)	BOY 252			67//5			
	_	. 6	10UX 352	(.	<mark>l, K</mark> ansas Address)				
Subscribed and Sworn to before	e me this1	2th_day of_		Apr	19_7	<u> 13</u>			
.	jpa sakamu			len Ca	rlson				
My commission expires <u>February</u>	15, 1975		HI	ELEN CAR	LSON	Notary Public.			

ADDRESS 640 Acres COMPANY OPERATING Dancell. Yarasa OFFICE ADDRESS 160 FARM NAME WELL NO. DRILLING STARTED 19, 19, DRILLING FINISHED.... DATE OF FIRST PRODUCTION COMPLETED WELL LOCATED North of South 160 Elevation (Relative to sea level) DERRICK FLOOR CHARACTER OF WELL (Oil, gas or dryhole)..... Locate well correctly OIL OR GAS SANDS OR ZONES From From To Name Name Shot Record Perforating Record If Any Size of Shot Formation From **Formation** From To No. of Shots CASING RECORD Amount Pulled Packer Record **Amount Set** Length Depth Set | Make Ft. ln. Size Thds. Make TAR Liner Record: Amount CEMENTING AND MUDDING Chemical Results Mudding Amount Set Method of Sacks Method (See Note) Cementing Cement Gal. Make Ft. In. W Note: What method was used to protect sands if outer strings were pulled? If so, state kind, depth set and results obtained NOTE: Were bottom hole plugs used? TOOLS USED ____Cable toois were used from_ _feet to_ feet to. Rotary Tools were used from____ Type Rig _ INITIAL PRODUCTION TEST Describe initial test: whether by flow through tubing or casing or by pumping. _bbls. Size of choke, if any____Length of test_ Amount of Oil Production Production_____bbls. Gravity of oil_____Type of Pump 11 pump is used, describe.

Give detailed description and thickness of all formations drilled through, contents of sand, whether dry,

Formation	Top	Bottom	Formation		Top	Botton
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I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

Ohno temestica-Pres. Name and title of representative of company

Subscribed and sworn to before me this My Commission expires.