Form CP-4 Revised 05-88

STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	WELL PLUGGIN K.A.R82	G RECORD 2-3-117	API NUMBER 12-6-1951		
			LEASE NAME Kaba		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.		WELL NU	MBER #7	
					Section Line
					Section Line
LEASE OPERATOR The Gene Brown Company				A Section of the contract of t	. 19 ye ((W)
ADDRESS PO Drawer 220 Plaint				ROOKS	
PHONE # (913) 434-4811 OPERATORS LICENSE NO. 5635			Date We	II Completed	12-6-1951
Character of Well oil			Plugging	g Commenced	7-5-1995
(OII, Gas, D&A, SWD, Input, Wat	er Supply Well)	٠.	Plugging	Completed	7-5-1995
The plugging proposal was appro	ved on 6-2	29-95			(date)
by Dennis Hamel			(KC		gent's Name).
Is ACO-1 filed? yes If					gan, a mama,
Producing Formation <u>Arbuckle</u>	Depth to	тор 3499	Botte	om 3506 T.	n. 3506
Show depth and thickness of all					
OIL, GAS OR WATER RECORDS		·	SING RECOR	RD	
Formation Content	From To	Size	Put In	Pulled out	
Surface	·	8 5/8	189	None	
Production		5 1/2	3499	None	
Describe in detail the manner i	n which the well				
placed and the method or metho were used, state the character	ds used in intro er of same and	ducing it in	nto the holes and from	ing where the le. If cemen	e mud fluid wa t or other plug
were used, state the characters 5½ casing was D.V. at 1464. with 300# hulls at 700 psi	Pressure 8 5/8	B to 500# H	looked to	$\frac{1}{2}$ pumped 2	50 sks cement
(if additional descr	Iption is necess	ary, use BA(CK of this	form.)	
Name of Plugging Contractor	Allied Cement	ing co.	[IcenserNo.	ECENE
Address Russell, Ks					URATION COMMISSION
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:	The Gene	Brown Comp	any AU(2 4 1995
STATE OF Kansas	COUNTY OF	Rooks		, SS. " " 181MI	24-95
Thomas M. Brown		(E	imployee of	Operator	or (Operator) o
above-described well, being fir statements, and matters herei the same are true and correct,		oath, says: the log of t	That I ha	ve knowledg lescribed we	e of the facts
100	so neip me God.	(Signature)			**************************************
		(Address)	PO Drawer	220 Plainv	ille, Ks 6766
SUBSCRIBED AND	SWORN TO before				
Market State of the State of th			Bonite X	Shel	ent
My Commission	Expires:	1. 2 199	Nota	ry Public.	-