STATE OF KINSAS STATE CORPORATION COMMISSION 130 S. Märket, Room 2078 Wighita, KS 67202

WELL PLUGGING RECORD K.A.R.-82-3-117

API NUMBER_	N.A.15	-163-0	1003-00-0
LEASE NAME		(OWWO)	

	7	TYPE	OR.	PRINT		
NOTICE:	Fill	out	CO	pletel	y and	returr
to Cone	Div	offi	ica	within	30 d	37/6

LEASE NAME	WISC (OWWO)	
WELL NUMBER_	No. 2	
370 Ft. f	om SXX Line of Section (circle on	e)
330		

			Fill out <u>compl</u> Div. office พi		s.	330 Ft. fi	rom E/W Line of	Section (circle one) Section (circle one)
LEASE OPERATOR Liberty Operations & Completions, Inc.				SPOT L	OCATION	SE	SE SE	
ADDRESS 308 W. Mill				SEC	19 TWP10)S. RGE	18 (8) or (W)	
					Rooks			
PHONE#(913) 434-4686	OPERATORS LIC	ENSE NO. 89	925		Date W	rell Completed_	4/1984	
Charater of Well Oil, Gas, I	DOA CUD Inc	uit Unton Ci	upply Uplly		Date P	lugging Commend	ced10/4/96	
(OII, Gas, I	J&A, SWD, IN	xut, water s	uppty wett)		Date P	lugging Complet	ted10/4/96	11:30 am
The plugging proposal was ap	oproved on	10/2/96	<u> </u>					(date)
by <u>Dennis Hamel</u>						ter der vissel er der der der der der der der der der	(KCC Di	strict Agent's Name)
Is ACO-1 filed? <u>yes</u> Producing Formation(s) <u>Ma</u>	If not, is	well log at	ttached?					
Producing Formation(s) Ma	rmaton &	K.C.		De	pth to	Top <u>3530</u> 1	_ Bottom3578	t.p. <u>3745'</u>
Show depth and thickness of	all water,	oil and gas	formations.					
OIL, GAS OR WATER RECORDS							CAS	SING RECORD
FORMATION	CONTENT		FROM	то		SIZE	PUT IN	PULL OUT
Anhydrite	L.S.		1433'	1468	3 '	8 5/8	238'	None
Topeka	L.S.		3060'	3276	5'	4½	3703'	None
Lsg. K.C.	L.S.		3320'	3538	3'			
Marmaton	L.S. Co	ng.	3560'	3660'				
Described in detail the manused in introducing it into feet to formula for the following formula for the formula for the formula formula for the formula formula for the formu	the hole. I eet each set	If cement or	other plugs w	ere used, s	tate th	ne character of	same and depth	placed, from
Spot 100 sx 60/40								
Pressure 500# shut			70 3cu1.5	TUTT CUL	/11199	squeeze do	wir casing w	50 SX.
11033410 300# 31140	111 330//.						į.	
Name of Plugging Contractor	(If a	dditional de Cementing	escription is	necessary,	use <u>BAC</u>	K of this form.	<u> </u>	Son Son
License No. N.A.							-10-1 9 9	of the second
Address Russell, Ks.		-				-	3	73
NAME OF PARTY RESPONDIBLE FO			- '		•	ions, Inc.	e 33	The state of the s
		of Rooks				,ss.		
Charles D. Fari								ed well, being first
well as filed that the same					tters h	erein contained	and the log of	the above-described
(Signature) Surl	es O	Jar					SANI SANI	C - State of Kansas P DRA_CHARD
(Address)							My Appt. E	xp. 9-75-98
SUBSCRIBED AND SWORN TO	before me ti	nis <u>7</u> th	day of	<u>ctolier</u>	,	19 960		
	~ / /-	-Mon	Notary Pub	<u>Varal</u>	····	Account the same of the same o		
My Commission Expires:_	<u> </u>	8	•					Form CP-4

Form CP-4 Revised 12-92