STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

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

API NUMBER_	15-163-23,178	_00-00
IFASE NAME		

LEASE	E NAME	Bouchey
WELL	NUMBER	#1

	TYPE OR PRINT NOTICE: Fill out completely		WELL N	WELL NUMBER#1			
	and retur	n to i	Cons. Div	Y.		om S Section Line	
	office wi	TNIN 3	00 days.	1650	FEIFt. fr	om E Section Line	
LEASE OPERATOR Hellar Dril	EASE OPERATOR Hellar Drilling Co., Inc.			SEC. 26 TWP.85 RGE. 20 (E) or (W)			
ADDRESS 125 N. Market, Suite					Rooks		
PHONE#(316) 267-2845 OPERAT	TORS LICENSE N	10	5015	Date We	II Compt	eted	
Character of Well			Plugging Commenced 8-27-91				
(Oil, Gas, D&A, SWD, Input, Water Supply Well)			Plugging Completed 8-27-91				
The plugging proposal was appro	oved on <u>Au</u>	gust	27 <b>,</b> 1991			(date)	
byGib Scheck							
Is ACO-1 filed? NO If							
Producing Formation							
Show depth and thickness of all					O III	1.0. 3631.	
OIL, GAS OR WATER RECORDS	1	CASING RECORD					
Formation Content		· · · · · · · · · · · · · · · · · · ·				RECEIVED	
Content	From	To	Size	Put in	Pulled	STA-CORPORATION COMMISSIO	
			8 5/8"	263	None	OCT 0:1 1991	
Describe in detail the manner i	n Which the w	ell wa	e plugge			· /A	
placed and the method or metho were used, state the characte	ds used in in	troduc	cing it i	nto the ho	ing where le. If ce	s the mud fluid wa sment or other plud	
Fill w/heavy mud; set 1st plug @	3600'-3500' w/25	sx: 2	nd plac	ed, from 1600'-1500'-7	feet to	feet each set	
w/100 sx & 1 sx Flocel; 4th plug @ sx; Total 215 sx 60-40 posmix.	300'-140' w/40 s	sx; 5th	plug @ 40'	-surface w/w:	iper plug w	/10 sx; rathole 15	
(If additional descr				CK of this	form.)		
Name of Plugging Contractor Ab	percrombie RTD	, Inc	•	L	icense N	30684 ••	
Address 150 N. Main, Suite 80	1, Wichita, K	s 672	202				
NAME OF PARTY RESPONSIBLE FOR PE	LUGGING FEES:	Неј	lar Dril	ling Co	F		
STATE OF Kansas	COUNTY OF			LITING CO., .	inc.		
Jack K. Wharton	0001111 01 _	beagy			,55.		
above-described well, being firs	t duly sworn	on oa	th save	imployee of	Operato	r) or (Operator) o	
statements, and matters herein the same are true and correct, s	contained an	d the	log of t	he above-d	escribed	edge of the facts well as filed that	
	e worp me oou	•	ignature)		(1,1)	4	
M M	ANGELA WOODARD State of Kansas y Appt. Exp. Mar. 20, 199				uite 801, W	Vichita, KS 67202	
SUBS CRIBED AND	SWORN TO befo	re me				ember), 19 9/	
, My Commission E			San le	, The 1-	· Cuest	ember), 19 7/	
, My Commission E	xpires:	ah 9.	1900	Nota	ey Public		
	re yell	00	1173				
						Form CP-4	