STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUG . Kaar		RECORD 1-117		5- 43-03623-00-02 API NUMBER Completed on 1-13-48		
Wichita, Kansas 67202				LEASE A	LEASE NAME Dorr Unit		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				MBER 601W		
				•	4950 Ft. from S Section Line		
				2 <u>970</u>	2970 Ft. from E Section Line		
LEASE OPERATOR Cities Service Oil & Gas Corporation				SEC20	SEC. 20 TWP. 95 RGE. 16 XXXXX (W)		
ADDRESS 3545 NW 58th Street, Oklahoma City, OK 73112				COUNTY	COUNTY Rooks		
PHONE# (405) 949-4400 OPERATORS LICENSE NO. 5447				Date We	Date Well Completed 1-13-48		
Character of Well <u>Input</u>				Pluggin	Plugging Commenced 8-29-85		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 8-29-85		
Did you notify the KCC/KDHE Joi	int District O	ffice	prior to	plugging	this well?	7es	
Which KCC/KDHE Joint Office did	you notify?	istri	ct Office	#6			
is ACO-1 filed? completed on if not, is well log attached? Yes							
Input 1-13-48 KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK						• 3417'	
Show depth and thickness of all							
OIL, GAS OR WATER RECORDS		T	C	ASING RECO	RD		
Formation Content	From	То	Size	Put in	Pulled out		
Iansing/Kansas City	3138	3399	8-5/8"	259'			
			4-1/2"	3417'	0'		
Describe in detail the manner is							
Describe in detail the manner i placed and the method or method	S used in inti	roduci	ina it in	to the hold	a. 16 coment	A A A B B A A B B B B B B B B B B B B B	
8-29-85: Installed 2" outlet	of same and de	anth i	alaced fi		<u> </u>	L	
	SX HULLS. PUMC	ea in	to 8-5/8"	- 4-1/2"	annulus w/Int	SX 60740	
POZ + 10% gel and 1/4# sx Floce	ele. P & A co	mplet	ed 8-29-8	5. State	Witness: Mr.	Dennis	
(If additional descr	iption is nece	ssar	ATE US RP BA	MED Management	Nform.)	A	
Name of Plugging Contractor		··········		_	icense No		
Address 1100 E 8th, Hays	, Kansas 6760	1	VL1 2	~ a \ 20\	182		
STATE OF <u>Oklahoma</u>	COUNTY OF _	Ok	CONSERVAT Lahonpachita	ION DIVISION , Kansas	_,ss.		
Del G. Oliver			(Em p	loyee of (perator) or	(Operator) of	
above-described well, being fir statements, and matters herein the same are true and correct	comiained and	INA	th cauca	That !	1		
the same are true and correct,	so help me God	•	ignature)		La Olivia	as filed that	
				3545 NW 58	th Street ity, OK 7311	2	
SUBSCRIBED AND	SWORN TO befo		1	8 day o		10 75	
			\sim	00G	an Ha	rett	
My Commission	Expires: 4-	-21	1-89	No Ya	y Public		

Form CP-4 Revised 08-84