Victite, Kanses 67202	15-065	-030	13-00-	(1) LEASE	NAME Vesper
,	TYPE	OR PR	1 10T.	WELL N	UMBER 6-5
	OTICE: Fil	lout rato	Complete	I Y	ft. from S Section L
	office w	ithin	30 days.		
LEASE OPERATOR D. R. Well OPerat	ors Inc.			•	Ft. from E Section L
					TWP. 9 RGE. 22 (E) GFX
ADDRESS 7585 W Arkansas Denver, C					Graham
PHONE (303) 988-1786 OPERATO	RS LICENSE	NO.	9856		eil Completed 11-6-57
Character of Well Casing had				Pluggi	ng Commenced $9-3-92$
(OII, Gas, D&A, SWD, Input, Wate					ng Completed 9-3-92
The plugging proposal was approv	ed on	9-3-9	2		(dat
byDenis Hame11	~			(K	CC District Agent's Name
is ACO-1 filed? Voc. If n	ot, is veli	log a	ittached?		
Producing Formation LKC	Dept	h to T	op <u>3665</u>	Bott	*om_3886
Show depth and thickness of all	water, oil	and ga	s format	ions.	
OIL, GAS OR WATER RECORDS				CASING RECO	RD
Formation Content	From	То	Size	Put in	Pulled out
	0	251	8/5.8	251	None.
	0	3990	4 ½	3909	None
Describe in detail the manner in placed and the method or method: were used, state the character Run tubing 3815 Pumped 55sax 1 hu pump 60 sax 150# hulls pulled tub shut in prec 250# Could not pump	of same at 11 puled tul	orroduction de bing 28	cing it pth pla 315 Pump	into the hoced, from 55 sax 1hull	le. If cement or other page to the common of the center of
			ina water paring a series of the series of t		t' l'
Name of Plugging Contractor B. J	. Titon				license No
Address Havs , Kansas					STATE SO RECEIVED.
NAME OF PARTY RESPONSIBLE FOR PLE	IGGING FEES	D.	R. Well	OPerators	
STATE OF Kansas	COUNTY OF	(Graham		,ss. OCT 8 1992
Herman Fellhoelter above-described well, being first statements, and matters herein		-		Employee of	CONSERVATION POR TOP
statements, and matters herein the same are true and correct so	duly sworm contained a	on oa	ith, says	: That ha	ive knowledge of antahe fac
the same are true and correct, so	help me Go	• D	ignature	\mathcal{A}	4 10 14
			ddress)		ox 86 Plainville, Kansas
SUBSCRIBED AND S	WORN TO bef			The second liverage and the se	+ actober , 1992
			1	-2.7	1992
My Commission F-	nirae. —			Nota	Charles ry Public
use only one side of each	FORM		IC - State of Kansas ENE FELLHOELTER My Appt. Expires	2	Form C Revised 05-