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Chairman
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Commissioner
Executive Secretary

State Corporation Commission

CONSERVATION DIVISION (Oil, Gas and Water)

200 Colorado Derby Building
WICHITA, KANSAS 67202

RECEIVED
STATE CORPORATION COMMISSION
AUG 06 1982
CONSERVATION DIVISION
WICHITA, KANSAS

VERBAL PERMIT FORM (To be filed by Plugging Agent)

Dear Sir:

Mr. Hoover of B.R.A. Decline has this

date requested permission to plug the following described well:

Operator's Full Name: R.R. Abderhalden

Complete Address: 100 S MAIN Suite 510 Wichita KS 67202

Lease Name: Stelkar Well No. 15

Location: 50 SW NE SW NE Sec. 24 Twp. 27 Rge. 3 (E) ~~SW~~

County: Butler Total Depth: 3100

Abandoned Oil Well Gas Well Input Well SWD Well D&A

Other well as hereafter indicated: _____

Mr. Hoover was instructed to plug the well as follows:

was informed to fill Hole with Drill fluid, Run
Drill pipe to 240' & spot 35 sacks cement, pull pipe
to 60' & spot 20 sacks cement. Fill rat hole & mouse
hole with 10 sacks cement each

Very truly yours,

Alan Thompson
Conservation Division Agent

UNITED CEMENTING & ACID CO., INC.

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 7-30-82 COUNTY BA

CHG. TO: ARRA-INC. ADDRESS _____

CITY _____ STATE KS ZIP _____

LEASE & WELL NO. Stelbar #1 SEC. _____ TWP. _____ RNG. _____

CONTRACTOR: ARRA TIME ON LOCATION: 3:00 PM

KIND OF JOB: Plugging job

SERVICE CHARGE: 1 Cent Almit 380.00

QUANTITY	MATERIAL USED	TYPE	
75	Cement @ 4.65		348.75
	Truck @ 55.00		55.00
	BULK CHARGE 75 @ x @ .80		60.00
20	BULK TRK. MILES (3.75 x .65 x 20) min chg		30.00
20	PUMP TRK. MILES @ 1.90		38.00
	PLUGS		
	SALES TAX		27.90
	TOTAL		959.71

T. D. 3010 CSG. SET AT _____ VOLUME _____

SIZE HOLE 7 7/8 TBG SET AT _____ VOLUME _____

MAX. PRESS. NONE SIZE PIPE _____

PLUG DEPTH 240' - 60' PKER DEPTH _____

PLUG USED NONE TIME FINISHED 8:00 AM

REMARKS: _____

75 bags Cement

240' - 39 bags 60' - 20 bags

10 Pit 10 Mouse holes

New Well

EQUIPMENT USED _____ UNIT NO. _____

NAME Bill _____ UNIT NO. _____

NAME David _____ UNIT NO. _____

NAME Jim _____ UNIT NO. _____

CEMENTER OR TREATER

OWNER'S REP.

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