STATE OF KANSAS STATE CORPORATION COMMI 200 Colorado Derby Bull Wichita, Kansas 67202	SSION	WELL PLUGGING RECORD K.A.R82-3-117 #6				API NUMBER 15-065-21,110-00 LEASE NAME Teel		
		TYPE OR PRINT NOTICE: Fill out completely			Li I	ELL NUMBER	1 - 5	
					ly	WELL NUMBER 1-5		
	d return to Cons. Div. ffice within 30 days.			• SI	SPOT LOCATION C N/2 NW NW			
LEASE OPERATOR Graham-Michaelis Corporation					S	SEC.5 TWP.8S RGE.24 XXX ((W)		
211 N. Broadway ADDRESS P.O. Box 247 Wichita, Kansas 67202						COUNTY Graham		
						Date Well Completed		
PHONE # (316 264-8394 OPERATORS LICENSE NO. 5134						Plugging Commenced 8-8-86		
Character of Well <u>Oil</u> (Oil, Gas, D&A, SWD, Input, Water Supply Well)					P	Plugging Completed 8-15-86		
Did you notify the KCC/	KDHE Joint D	strict (Offic	e prior te	o plugging	g this well?	Yes	
Which KCC/KDHE Joint Of	fice did you	notify?		- Have- K	ancac	erenene er en	and the second s	
Is ACO-1 filed?						./		
							20101	
Producing formation					,	TTOMI.	J• <u>3910</u> .	
Show depth and thicknes	s of all wate	er, oll :	and g	as format	ions.		-	
OIL, GAS OR WATER RECOR	DS	; 		-	CASING I	RECORD		
Formation	Content	From	То	Size	Put in	Pulled ou	t	
				8-5/8"	298'	none		
				4-1/2"	3909'	none		
Describe in detail the the mud fluid was place the hole. If cement or depth placed, from fee	d and the met other plugs w	hod or i	metho d sta	ds used i	n introduc	cing it into		
No Pipe Recovery,	Backside Sque	eezed:	Shot	casing @l	228', pum	ped 150 sacks	econolite	
and 5 sacks hulls								
Plugging Complete	al description	on is nec	cessa	ry, use B/	ACK of th	is form.)		
Name of Plugging Contra Address P.O. Box 347		so Casin as 67524	<u> </u>	ling, Inc	•	License No	6050	
				······································	<u> </u>			
STATE OF Kansas	co	UNTY OF	R	ice		, ss.		
R. Darrell Kelso, (operator) of above-des		holes fi	1 = - +			perator) or		
i have knowledge of the the log of the above-de	facts, state	ments, a	and ma	atters her	ein conta	ained and		
correct, so help me God	•			(Signa	stural K		2/2	
				(Ad de	Box	347 Chase, Ks	. 67524	
				7 A40	im commis tion —		~ 1 	

IRENE HOOVER State of Kansas My Appt. Exp. Aug. 15, 1989

SUBSCRIBED AND SWORN TO before me this 25thday of August

AUG 27 1986 986

Form CP+4