STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUG K.A.R.	API NUN	API NUMBER 15-179-20,832 -00-					
Wichita, Kansas 67202		LEASE N	LEASE NAME C. Robben					
	TYPE OR PRINT NOTICE: Fill out completely			WELL NU	IMBER	16-27		
	and return	nd return to Cons. Div.			_ Ft. fr	om S S	ection	Line
	office with	0 days.		_ _ Ft. fr				
LEASE OPERATOR Don E. Pratt					SEC. 27 TWP. 85 RGE. 26W (E) or (W)			
ADDRESS P.O. Box 370, Hays, KS 67601								
PHONE# (913) 625-3446 OPERATORS LICENSE NO. 6114					Date Well Completed 09-18-85			
Character of Well <u>D&A</u>				Pluggin	g Commen	ced <u>0</u>	9-18-85	
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Comple	ted 0	9-18-85	
Did you notify the KCC/KDHE Joi	nt District Of	fice	prior to					
Which KCC/KDHE Joint Office did								
Is ACO-1 filed?if								
Producing Formation Depth to Top							3960'	
Show depth and thickness of all								
OIL, GAS OR WATER RECORDS				ASING RECO	RD			
Formation Content	From	То	Size	Put in	Pulled o	out .		
Surface			8-5/8"	209'	None	·		
Describe in detail the manner in	which the we	11 "	5 0 4 4 5 6					
stage and the mother of methods	used in intr	oauc:	ina it int	to the hold	a. If com	00+ 00	· a+ha=	d was plugs
1st plug @ 2200' w/20 sx,	10 sx in rat	hole	placed, fr	omfeet ·	tofeet	each	set.	
2nd plug @ 1325' w/100 sx 3rd plug @ 250' w/40 sx	10 sx in mou	seho	le	-				
4th plug @ 40' w/10 sx							······································	
(If additional descri				K of this	form.)			
Name of Plugging Contractor Mo	urfin Drilling	Com	pany		icense N	o. <u>6</u>	5033	
Address 250 N. Water, Suite 3	300, Wichita,	KS (67202					
STATE OF KANSAS	COUNTY OF		SEDGWICK		_,ss.			
Robert A. Ramseyer,	lr.		(Emp	loyee of C	perator)	or (0	perator) of
bove-described well, being firs tatements, and matters herein c	oniained and :	The I	th cave.	That I ha	wa haawl			
he same are true and correct, s	o help me God.	•	•	- 1 #XI z	7 8 /2	ΛΛ <u>~</u>	11100	rnat j
RHONDA R. HUDSON	·	(\$	(Ignature) A	Robert A. T	Ransever	Jr.	Agent fo	<u></u>
STATE OF KANSAS My Appl. Exp.		(A	ddress) 2	<u> 50 M. Wate</u>	er, Suite	300 /		Öpr.
SUBSCRIBED AND	SWORN TO befor	e me	this 4th	lichita, Ka day o	nsas 67 f <u> </u>	202 <i>U</i> ber	, ,19	85
1				nonda	Q.ZL	dson		
My Commission E	xpires: <u>11-1</u> 8	 3-87	Rhonda	R. Hud‱ზħª			 	

Received: 10-5-1985

Form CP-4 Revised 08-84