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WELL	PL	ugg	ING	RE	COR
K.		R	82-1	- 1	17

P	E		OR	PR	INT
ŧ	ı	ţ	OU	†	completely
					Cons. Div.

API NUMBER_	15-193-20651-00	00
LEASE NAME_	Ryan "B"	
WELL NUMBER	1	
2310 Ft	N . from % Section Li	nø
	. from E Section Li	

		TYPE OR PRINT		MELL NUMBE	BER 1		
1	an d	E: Fill out return to fice within		2310 Ft. from % Section Line			
			•	<u>1400</u> F	t. from E	Section Line	
EASE OPERATOR A	nderson Energy,	Inc.		SEC. 27 TW	P. 85 RGE.	32 KEOGE (U)	
DORESS 200 E.	First - Suite 4	14		COUNTY	[homas		
HONE (316) 265-7	929 OPERATORS L	CENSE NO.	6484	Date Well	Completed	5-29-96	
Character of Well	D & A ·			Plugging C	ommenced _	5-29-96	
OII, Gas, D&A, SWI), input, Water Su	pply Well)					
he progging propos	sal was approved o	n <u>May</u>	29, 1996	, , 	**************************************	(date)	
y <u>David</u>	Wann		-	(KCC D			
s ACO-1 filed?	Yes If not,	is well tog	attached?	Yes			
roducing Formation	n	Depth to	Тор	Bottom_	T.D	4665'	
•	ckness of all water						
Section 1	RE CORDS			ASING RECORD			
	· · · · · · · · · · · · · · · · · · ·						
Formation	Content	From To	1		lled out		
			8 5/8"	328 no	one		
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ascelba la dotall	the manner in whi	h 45 a 11					
laced and the mo-	thod or methods us	ed in introd	ucing it is	nto the hole.	If coment	or other pluc	
ore used, state	the character of	same and d	epth plac	ed, from fe	et to	feet each se	
drill pipe at 1	cement thru dri 875', spotted 4	O sx. ceme	<u>2080</u> , S	rill pipe	sx. ceme	nt thru	
10 sx. cement w	with wiper plug	thru drill	pipe at	40' & 15 sx	cement	in rathole	
(II auu	itional descriptio	n is necessa	ry, use da	CK of This to	rm.)		
ame of Plugging C	ontractor White	& Ellis Dr	illing.	Inc. Lic	ense No	5420	
ddress P. O. B	ox 48848, Wichi	ta, KS 672	01-8848				
AME OF PARTY RESP	ONSIBLE FOR PLUGGI	NO FEES:	Anderson	Energy, In	.C .		
TATE OF KANSA	.S co	UNTY OF	SEDGWICK	, s	S.		
Michael L. Cons	idine	CEIVED		Employee of O	inocatori c	or (Operator)	
bove-described we tatements, and a	il, being this as cur	PYRATIONICONNISS	payth, says	: That I have	knowlodge	of the facts	
'ho sama are true	and correct, so he	N 2 6 1996		10. 11	X Comile	ine/	
	JU 	\sim \sim	(Address)	P. O. Bo	× 48848		
CAROLY							
NUTA STATE	THE THE PLANT SHORE	WICHATAP #Sore	mo this 3	1st day of_	May	.19 96	
My Appt. Exp	1 4 2 46		es Original Constitution	Can Ox Tox	Aden		
f:	y Commission Expir	9-5-	\sim	U Notakly	Public	adon	
~	y Commission Expir	→ ••• <i>y</i> −3.	<i></i>	caror	yn J. Tja	auen	