LL	PLU	CC 1	NG	RE	CORD
	A.D				

API NUMBER 15-193,20,484-00)~00
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STATE CORPORATION COMMISSION 200 Colorado Derby Building Michita, Kansas 67202	K.A.R82-	API NUMBER 15-193,20,484-00-00 LEASE NAME Robben				
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			WELL NUMBER		
1				1980 Ft. from S Section Line		
	4620 Ft. from E Section Line					
LEASE OPERATOR Morrison/Dixon (SEC. 25 TWP.95 RGE. 32W(E)or(W)					
MODRESS 100 N. Main, Suite 801	, Wichita, KS 67	202	COUNTY _	Thomas		
PHONE (316) 264-9632 OPERATO	ORS LICENSE NO	3372	Date Wel	1 Completed	11-02-89	
Character of Well D.& A			Plugging	Commenced	11-03-89	
OII, Gas, D&A, SWD, Input, Wate	or Supply Well)		Plugging	Completed	11-03-89	
old you notify the KCC/KDHE Join	nt District Office	prior to	plugging t	his well?	Yes	
Thich KCC/KDHE Joint Office did	•		· · · · · · · · · · · · · · · · · · ·			
s ACO-1, filed? Yes If	or, is well log a	- ettachedi				
Producing Formation	Depth to	Гор	Botto	m	0. 4680 (F/VFD	
how depth and thickness of all	water, oil and ga	s formati	ons.	.//-/	4-192	
OIL, GAS OR WATER RECORDS	1	C	ASING RECOR	0 1017	3 3 7	
Formation Content	From To	Size	Put in	Pulled outin	UN ULTERO	
Surface		8-5/8"	254'	lγ _{ιςηίζο} None	Caribas	
escribe in detail the manner in	which the well w	las plugge	ii d, indicati	ng where th	e mud fluid wa:	
laced and the method or methods ere used, state the character o						
st plug @ 2620' w/25 sx	15 sx in rat ho	•				
nd plug @ 1845 w/100 sx rd plug @ 280' w/40 sx						
th pluq @ 40' w/10 sx			*************************************		manufactura di chi chi chi chi chi chi chi chi chi ch	
(If additional descri	ption is necessar	y, use BAC	CK of this	form.)		
ame of Plugging Contractor Mu	rfin Drilling Con	npany	L	icense No	6033	
ddress 250 N. Water, Suite 300	, Wichita, Kansas	67202	··-			
TATE OF Kansas	_ COUNTY OFSec	lgwick		, s s .		
bove-described well, being firs tatements, and matters herein c he same are true and correct, s	ontained and the	ath, says	That I ha	ve knowledge	(Operator) of e of the facts, as filed that	
	(Signature)	1	YOU	2	
	(Address)	Jack E. Go	ss, Drillin	g Manager	
5	SWORN TO before m	o this 1		November		
MELANIE RAU NOTARY PUBLIC STATE OF KAMSAS		Melanie Ray	nie Kar	ry Public		
STATE OF KANSAS My Appt. Exp.	xpires: 4-18-93	WIGHTE RG	MOTAL	iy ruuiic		

Form CP-4