¥

STATE OF KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING RECORD

K.A.R.-82-3-117

API NUMBER 15-065-21, 102-00-00

200 Colorado Der Wichita, Kansas		•		LEASE NA	ME Goddard		
•	15	TYPE OR PRINT NOTICE: Fill out completely			WELL NUMBER #1		
			to Cons. Div.		_ Ft. from S Section	Line	
	office within 30 days.		nin 30 days.	Ft. from E Section Line			
LEASE OPERATOR	Kelso Casi	ng Pulling, I	Inc,	<b>SEC.</b> 23	TWP.9 RGE23W XE)	r(W)	
	P.O. Box 347  ADDRESS Chase, KS 67524				Graham		
PHONE#( 31& 938	-2943 OPERA	TORS LICENSE NO	6050	Date Wei	II Completed		
Character of Wel	Oil	•	RECEIVEONICOM	Wigeh, nad i ud	Completed $\frac{3/14/89}{}$ Completed $\frac{3/17/89}{}$		
(011, Gas, D&A,	SWD, Input, Wa	ter Supply Well	TE CORPUTA	Plugging	Completed $\frac{3/17/89}{}$		
The plugging pro	posal was appr	oved on	MAR 21 19	59	(d	ate)	
<b></b>			2-21	UNISION (KC	C District Agent's Name of the T.D. 3940	me).	
			CONSERVATION KS	usas	o o o o o o o o o o o o o o o o o o o		
Is ACO-1 filed?_	I f	not, is well	log attaway			<del></del>	
Producing Format	ion	Depth	to Top	Botto	T.D. 3940		
Show depth and t							
OIL, GAS OR WAT	ER RECORDS		C	ASING RECOF	RD		
Formation	Content	From	To Size	Put In	Pulled out		
			8 5/8 4 1/2	218 3938	none 986		
			4 1/2	3936	980		
placed and the were used, stat Plugged	method or method to the character bottom with 015', 1530'	ods used in int her of same ar sand to 3850	troducing it i id depth plac O', dumped 4	nto the hole ed, from_ l sacks co	ng where the mud fluide. If coment or other feet to feet each ement, shot @3030' face with 500# hul	r plug h set	
(if a	dditional desc	ription is nece	essary, use <u>BA</u>	CK of this	form.)		
Name of Plugging	Contractor	KELSO CASIN	G PULLING,	INC. L	icense No. 6050		
Address # P.	O. Box 347	Chase, KS 6	7524	<del> </del>			
NAME OF PARTY RE	SPONSIBLE FOR	PLUGGING FEES:	Kelso Casi	ing Pulli	ng, Inc.		
		COUNTY OF _			,55.		
				Employee of	- f Operator) or (Opera	tor) o	
above-described .	l matters here	rst duly sworn In contained ar	on oath, says od the log of l. (Signature	: That I hat the above-of	ive knowledge of the lescribed well as file	facts ed tha	
			(Address)	P.O. Box	347 Chase, KS 675		
	SUBSCRIBED AN	D SWORN TO befo	ore me this 20	th day o			
i		<i>∞</i>		**************************************	Thornes or Public		
	W., O		DESCRIPTION OF THE PARTY SAFE SAFE	mmeren N			

My Commission Expires:

My Appt, Exp. Aug. 15, 1569

Form CP-4 Revised 05-88