OTATE OF MANCAC	WELL PLUGGING RECO	en 15	-163-0/12800-00
STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building		, AP	NUMBER 5-23-50
Wichita, Kansas 67202			ISE NAME BAUMOARTNER
N C	TYPE OR PRINT OTICE:Fill out complete	ely	L NUMBER 2
	nd return to Cons. Di office within 30 days.		OT LOCATION SE SE NE
LEASE OPERATOR GRIGGS OIL, I	NE		C. <u>25</u> TWP. 9 RGE./9 (E) or (W
ADDRESS 105 N. Market Sui	16 800, WICHITA		JNTY ROOKS Fe Well Completed 5-13-5
PHONE #3161 267-7779 OPERAT	~	5/202 va	ugging Commenced2 // 8 (
PHONE #316) 26/-1/7 OPERAT	ORS LICENSE NO. 3 -		ugging Completed 2-11-84
Character of Well ARbyc K/E (Oil, Gas, D&A, SWD, Input, Water S	Supply Well)		agging completed 2 77 04
Did you notify the KCC/KDHE Joint [district Office prior	to plugging	this well? YES
Which KCC/KDHE Joint Office did you			
Producing formation ARbuck/E	, is well log attached	? yes	
Producing formation ARBUCKIE	Depth to top 368) 3 bot	tomT.D. <u>3627</u>
Show depth and thickness of all was	ter, oil and gas forma	tions.	
OIL, GAS OR WATER RECORDS		CASING R	ECORD
Formation Content Arbuckle oil	3623 3629 \$0-94	_	Pulled out
	5 1/2 "	5-/3-50	
			t I no suboro
Describe in detail the manner in whithe mud fluid was placed and the method the hole. If cement or other plugs depth placed, from feet to feet CEMENT, CEMENT @ 2500 Pumped IN 5½" LSG, 175 SX Co	ethod or methods used were used state, the each set. SQ2 CSC	in introduc character o G- @ 25 o 1000'	f same and 63. DID NOT DRILL OUT
ripe. Pumped in 75 SX 60/40	poz W/3 Sx hulls.		
(If additional descript	ion is necessary, use	BACK of thi	s form.)
	_		•
Name of Plugging Contractor All Address Russell, KS			
_	COUNTY OF ROOKS		,ss.
RICK G-RIGGS (operator) of above-described well I have knowledge of the facts, sta- the log of the above-described well correct, so help me God.	, being first duly swo tements, and matters h I as filed that the sa	erein conta me are true	says: That ined and and,
	(Sig	nature) <u></u>	the first to see the second
,			N. Market Suite 800
SUBSCRII	3ED AND SWORN TO befor	e me this 2	4 day of February 1986
My Commission expires: August	FEB 2 6 1986	VIRGINIA LEE NOVARY PU STATE OF MA My Appt. Exp.	ELIC MSAS
	I LU D W IV TO COMMENT	The second secon	ल्याकारकात्रा संस्थात स्वास्थ्ये र्