STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUC K.A.R.	GING RI -82-3-1		API NUMI	API NUMBER 15-051-25040-0000			
130 S. Market, Room 2078 /5- Wichita, KS 67202	-051-250	540-(00-00	LEASE NAME Johnson				
	TYPE OR PRINT			WELL NUMBER 1				
NOTICE: Fill out <u>completely</u> and return to Cons. Div. office within 30 days.				2170	2170 Ft. from S Section Line			
				2310	2310 Ft. from E Section Line			
LEASE OPERATOR Mai Oil Operations, Inc.				SEC. 25	SEC. 25 TWP.115 RGE. 19 (E) or (X)			
ADDRESS P.O. Box 33, Russell, KS 67665 PHONE (785) 483-2169 OPERATORS LICENSE NO. 5259				COUNTY	COUNTY Ellis Oate Well Completed 7-12-00			
Character of Well D&A					Plugging Commenced $\frac{7-12-00}{}$			
(OII, Gas, O&A, SWO, Input, Water Supply Well)				Pluggin	Plugging Completed 7-12-00			
The plugging proposal was approv							(etsb)	
Hays, Kansas				(KC	C District	Agentis	Name).	
Is ACO-1 filed? Yes If n	ot, is well	log att	ached?_					
Producing Formation	Depth	to Top		Bott	088	T.D		
Show depth and thickness of all	water, oil a	nd gas	formati	ons.	ور موازع بر موسور ر	RECEIVE	D analyza: 201	
OIL, GAS OR WATER RECORDS					RO STATE (9-19	- 000	
Formation Content	From	To S	1ze	Put in	Pulled ou	6EP 142	<u>. </u>	
						MOENVALION DI	14.00.703.7	
			·			valalis, raus	(4S	
Describe in detail the manner in	which the w	oli vas	plugge	d, indicat	ing where	the mud f	Fluid wa	
placed and the method or method were used, state the characte	e wead in in	Traduci	na 17 1	NTO THE NO	100 II COM	• •. •.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Plugged with 215 sacks 6	0/40 Poz.,	6% Ge1	., wit	n 1/4# fl	oseal per	sack.		
$\frac{1}{1}$ at $\frac{1}{1}$ \frac	sacks, 2nd.	ການຕ	<pre>a 1434</pre>	' <u>- 25 sa</u>	cks, 3ra.	DIUG (a)	F-0	
728' - 100 sacks, 4th pl surface, rathole 15 sack	ug @ 316' - s	40 sa	CKS. D	rn plug la	40 - 41			
Name of Plugging Contractor	73	allied	Cement	ing	License No	•		
Address P.O. Box 31,		KS 676	65					
NAME OF PARTY RESPONSIBLE FOR PL	LUGGING FEES:							
STATE OF KANSUS	COUNTY OF	/-	-//15		,55.	•		
Dilan Baylean	4			Employee o	of Operator	mor (0p	erator)	
- to an in a wall halpe ties	t duly sworn	on oa	h, says	: That Lh	described	dge of the	he fact: filed th	
statements, and mathamas become	contained a	ing The	log of	719 2000	1000	San	es L	
the same are true and correction. State	of Kansas	•	gnature		een g	0	10	
		-	idress)	0.0	-4 S - T	0	. ₩ 200c	
SUBSCRIBED AND	SWORN TO bef	em eno			J 700	nui-	, M 2000	
				May	ary Public	rep /	THE	
My Commission	~	۸ ــ		, , ,	20 /	1	I I W I D J	
use only one side of Eac	H FORM	uil19	0,200)	•	Rovis		