WELL PLUGGING RECORD

API NUMBER
LEASE NAME Finch
WELL NUMBER 1
Ft. from S Section Line
Ft. from E Section Line
SEC. 35 TWP. 105 RGE. 16W (E) or (W)
COUNTY Rooks
Date Well Completed
Plugging Commenced 1-25-94
Plugging Completed 1-27-94
(date)
(KCC District Agent's Name).
0.44
BottomT.D3600'
•
NG RECORD
t in Pulled out
00' none 599' 584'
Indicating where the mud fluid was the hole. If cement or other plugs from feet to feet each set.
. swedged in overnight. Pumped 125
ulled 4 joints. Pumped 125 sks w/250 pos 10% gel. Plugging complete.
of this form.)
License No. 6050
l Servicing Inc
1 Servicing, Inc.
oyee of Operator) or Operator) of the Pacts.
oyee of Operator) or (Operator) of Mis
at I have knowledge of the Pacts, above-described well-wichita. Kanon DIVISION
Michita. Kansas
O Roy 347 Chase KS 67524

Notary Public

	K.A.R82-3-117	API NUMBER
200 Colorado Derby Building Hichita, Kansas 67202		LEASE NAME Finch
	TYPE OR PRINT	
	NOTICE: Fill out complete and return to Cons. D	Iv. Ft. from S Section Line
en de Santa de La Caractería de La Carac	office within 30 days	Ft. from E Section Line
ASE OPERATOR Ivan Holt Well	Servicing, Inc.	SEC. 35 TWP. 10S RGE. 16W (E) or (W)
DRESS P. O. Box 671 Russ	ell, KS 67665-0671	COUNTY Rooks
IONE (913) 483-2612 OPERA	TORS LICENSE NO. 6176	Date Well Completed
naracter of WellOil		Plugging Commenced 1-25-94
Oll, Gas, D&A, SWD, Input, Wa	ter Supply Well)	Plugging Completed 1-27-94
ne plugging proposal was appr	++ -	(date)
		(KCC District Agent's Name).
ACO-1 filed?If		
oducing Formation	Depth to Top	Bottom T.D. 3600'
ow depth and thickness of at	l water, oll and gas forma	otions.
IL, GAS OR WATER RECORDS		CASING RECORD
ormation Content	From To Size	Put In Pulled out
	8 5/8	8 300' none
		2 3599' 584'
aced and the method or met	ods used in introducing it er of same and depth pi	ged, Indicating where the mud fluid wa into the hole. If cement or other plug aced, from feet to feet each set
		1231', swedged in overnight. Pumped 1 4', pulled 4 joints. Pumped 125 sks w/
ulls & circulated to surface	Pulled rest of pipe.	50/40 pos 10% gel. Plugging complete
(If additional descr	iption is necessary, use	BACK of this form.)
me of Plugging Contractor	KELSO CASING PULLING.	INC. License No. 6050
dress P.O. Box 347 Cha	se, Kansas 67524	
ME OF PARTY RESPONSIBLE FOR P	LUGGING FEES: Ivan Hol	lt Well Servicing, Inc.
ATE OF Kansas	COUNTY OF Rice	ss. 2-2-94 RECEIVED (Employee of Operator) or (Operator) o
**************************************		2-2-44 TIPLATION CON
R. Darrell bve-described well, being fir atements, and matters herel s same are true and correct,	st duly sworn on oath, say n contained and the log of so help me God.	ys: That I have knowledge of the Parts f the above-described werqwszs, filed the
	(Signatur	wichita. Kansas
	(Address)	P.O. Box 347 Chase, KS. 67524
SUBSCRIBED AND	SWORN TO before me this	1st day of February ,19 94
	4	Ki Skrahu

IRENE HERZBERG State of Kansas