STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUG K.A.R.			API NUM	API NUMBER 15-163-20,155-0000		
Wichita, Kansas 67202	·			LEASE N	LEASE NAME EKEY		
	TYPE OR PRINT NOTICE: Fill out completely				MBER 2		
	and return	to C	ons. Div.	3630	3630 Ft. from S Section Line		
·	office within 30 days.			2310	2310 Ft. from E Section Line		
LEASE OPERATOR Leben Oil Corporation				SEC. 2	SEC. 2 TWP. 109RGE. 17 XK) or (W)		
ADDRESS P. O. Box 21468, Tulsa, OK 74121-1468				COUNTY	COUNTY Rooks		
PHONE#(918) 494-0000 OPERATORS LICENSE NO. 6566				Date We	Date Well Completed 3/6/69		
Character of Well <u>Oil</u>				Pluggin	Plugging Commenced 7/10/86		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 7/10/86		
Did you notify the KCC/KDHE Jo	int District O	ffice	prior to	plugging	this well?	Yes	
Which KCC/KDHE Joint Office die	d you notify?_	Dis	strict 6	, Hays			
is ACO-1 filed? on old formif	not, is well	log a	ttached?_				
Producing Formation <u>LKC</u>	Depth	to T	op 3240	Bott	om 3402 T.D	•_3526	
Show depth and thickness of al	l water, oil a	nd ga	s formation	ons.			
OIL, GAS OR WATER RECORDS CAS				ASING RECO	RD		
Formation Content	From	То	Size	Put in	Pulled out		
LKC 011	3240	3402	8-5/8	215	-0,-		
			5-1/2	3525	1420		
Describe in detail the manner	in which the w	eli w	as plugge	d. Indicat	ing where the	mud fluid was	
placed and the method or method were used, state the character Bottom hole plug from TD	ts used in int. of same and d	roduc epth	ing it in placed, fo	to the hol	e. If cement to feet eac	or other plugs h set.	
SXS cement + 6 SXS hulls	from 1420' +	to SI	T 3 SAS	cement.	- Finmbed 20	0	
	JOB	COMP	LETE				
(if additional descr	iption is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging Contractor Ka	iser-Francis	s Oil	. Company	Ÿ.	License No. <u>6</u>	568	
Address P. O. Box 21468, T	ulsa, OK 741	L21-1	468				
STATE OF Oklahoma	COUNTY OF		Tulsa		_,ss.		
Charlotte Van Valke above-described well, being fin statements, and matters herein the same are true and correct,	rst dúly sworn contained and	on o	ath, says	: That I h	ave knowledge	(Operator) of of the facts, as filed that	
			Signature		n/alk alkenburg	lufung	
		(Address)	P. O. Bo	x 21468,Tu	Lsa,OK 74121	
SUBSCRIBED AND	SWORN TO bef	ore m	ATE CORPORATION	STOP BY	of July	1468	
		7		Not Not	TUMOUS VIE	KO	
My Commission	Expires: 2/1	1/89	7-25				
		-	JUL 2 5	1986		Form CP-4 Revised 08-84	

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