	WELL PLUGGING RECORD K.A.R82-3-117			15-11	15-163-20256-0000		
STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202				*	API NUMBER 11/69		
				LEASE NAME Lamb			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUN	WELL NUMBER A-2		
1				1980	1980 Ft. from S Section Line		
				660	660 Ft. from E Section Line		
LEASE OPERATOR DAVIS BROS. OIL PRODUCERS, INC.					TWP. 105 RGE	17 (XEXXXXXX W)	
ADDRESS One Williams Center, Suite 2000, Tulsa, OK 74172				COUNTY _	COUNTY Rooks		
PHONE (918) 584-3581 OPERATORS LICENSE NO				Date We	II Completed	11-23-69	
Character of Well Oil				Plugging	g Commenced _	10-17-85	
				Plugging	Completed _	10-17-85	
Did you notify the KCC/KDHE Joi			prior to	plugging	this well?	Yes	
Which KCC/KDHE Joint Office did							
is ACO-1 filed? Yes If							
Producing Formation Lnsg/KS							
Show depth and thickness of all							
OIL, GAS OR WATER RECORDS			C	ASING RECO	RD		
Formation Content	From	То	Size	Put in	Pulled out		
Lnsg/KS 0il	3348	3460	8-5/8"	150	None None		
			4-1/2"	3503	None		
Describe in detail the manner i	n which the w	ell w	as plugge	d. indicat	ing where th	e mud fluid was	
placed and the method or method were used, state the character Pmpd-in 45" csg w/200 sx 60/40	s used in intoof same and d Pozmix: w/Hul	roduc epth 1s 6 <u>%</u>	ing it in placed, f <u>Gel Max -</u>	to the hol romfeet - 900# psi.	e. If cement to feet ea Pmpd-in 8-	ch set.	
pipe w/100 sx 60/40 Pozmix 60	/40 Pozmix, 6%	Gel y	w/sks Hull	Ls, 750# ps	<u>i.</u>		
(If additional descr	lption is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging Contractor	Halliburton				License No	5287	
Address East 8th Street, Hw	y 40, Hays, KS	676	01				
	COUNTY OF	Tu	lsa		_,ss.		
Mary Hill			(Em	ployee of	Operator) or	· (Operator) of	
above-described well, being fir statements, and matters herein the same are true and correct,	contained and	i the	ath, says log of th Signature	Mary	Scribed well	as filed that	
•	·	(Address)	One Willi Tulsa, Ok	ams Center, 74172	Suite 2000	
SUBSCRIBED AND) SWORN TO bef			•		,19 <u>86</u>	
		-	\ \ _0^	Not	tary Public	<u></u>	
My Commission	Expires:	<i>2</i> - ,	22-8/		_		

Received Sep 23, 1985 KCC

Form CP-4 Revised 08-84