STATE OF KANSAS STATE CORPORATION COMMISSION 130 South Market, Room 2078 Wichita, KS 67202

_feet to____feet each set.

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-109-20413-00-00

TYPE OR PRINT

NOTICE: Fill out <u>completely</u> and return to Cons. Div. office within 60 days.

API	NUMBER	15-109-20.643-00-00

LEASE	NAME	Smith
LLASE	INVIII	

WELL N	UMBER	#1	(NE	SW	NWY	

1650 Ft. from N Section Line
990 Ft. from W Section Line

LEASE OPERATOR	John O. Farmer, Inc.	SEC. 14 TWP. 11S	RGE. <u>34</u> XXXXXX (W
ADDRESS	P.O. Box 352, Russell, KS 67665	COUNTY	Logan
PHONE# (913) 483-3144	OPERATORS LICENSE NO. 5135	Date Well Completed	
Character of Well D		Plugging Commenced 12 Plugging Completed 3	

by			D.	strict #4			(KCC District A	gent's Name)
Is ACO-1 filed?	<u>Attached</u> I f	not, is well	log attached?					
Producing Forma	ition			Depth to Top		Bottom	T.D	י4790
OIL, GAS OR WAT	thickness of all ER RECORDS		. 3		CASING	RECORD		
OIL, GAS OR WAT	ER RECORDS							
OIL, GAS OR WAT		From	To	Size	CASING	Pulled out		
•	ER RECORDS							

Plug #1 a 2675' w/25 sks. cement

Plug #2 a 1575' w/100 sks. cement

Plug #3 a 320' w/40 sks. cement

Plug #4 a 40' w/10 sks. cement

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor

Abercrombie RTD, Inc.

License No.

Address

150 North Main, #801 - Wichita, KS 67202-1383

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:

John O. Farmer, Inc.

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from

STATE OF _____ Kansas ___ COUNTY OF ___ Russell ___,ss.

(Signature)

(Address)

P.O. Box 352, Russell, KS 67665

Notary Public

NOTARY PUBLIC - State of Kansas Margaret A. Schulte

My Appt. Exp. 1

Margaret A. Schulte

Margaret a.

Form CP-4 Revised 05-88