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

4

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

TYPE OR PRINT NOTICE: Fill out <u>completely and return</u> to Cons. Div. office within 30 days. API NUMBER 15-167-22, 298 - 00-00 LEASE NAME\_

STECKEL "E"

WELL NUMBER\_\_\_\_

# 2

3630 Ft. from Station of Section (circle one)

 $\frac{2310}{2}$  Ft. from E Line of Section (circle one)

EASE OPERATOR Rains & Williamson Oil Co., Inc.				SPOT LOCATION	- NW	- <u>SW</u> - <u>NE</u>	
ADDRESS 220 W. Douglas, Suite 435				SEC. 17 TWP.	12s. RGE1	4	
CITY, STATE, ZIP Wichita, Kansas 67202				COUNTY Russ	ell		
OPERATORS LICENSE NO. 5146				Date Well Completed 4-18-84			
Charater of Well Oil Well (Oil, Gas, D&A, SWD, Input, Water Supply Well)				Date Plugging Comme	enced2-23-9.	5	
(Oil,	Gas, D&A, SWD, Input, W	ater Supply Well)		Date Plugging Compl			
The plugging proposal	was approved on	1-24-95				(date	
			<u> </u>		(KCC D	istrict Agent's Name	
	es If not, is well						
Producing Formation(s)			Dep	th to Top	Bottom	T.D. 3130	
	ess of all water, oil ar						
OIL, GAS OR WATER RED					CA	SING RECORD	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULL OUT	
			<del></del>				
				8 5/8"	26.1	None	
					261		
				5 1/2"	3129	None	
l.	}	}		·			
EZ-SV and ci	bing to set EZ-SV rculated cement to	o surface w/ 35 cement. Max. I	sx. ceme	ent. POOH w/	tubing. Squ	eezed	
Pressured up	to 300# - No cem	ent pumped					
	(If additi	onal description is	necessary, u	se <u>BACK</u> of this fo	m.)		
Name of Plugging Cont	ractor Halliburt	on		·· <del>·</del>			
License No					-		
Address	Havs, Kansas	67601		<del></del>			
NAME OF PARTY RESPOND	IBLE FOR PLUGGING FEES:	Rains & Wil	lliamson C	il Co., Inc.			
STATE OF Kans	as county of	Sedgwick		,ss.			
	A. D. Belt	(Emp	oloyee of Ope	rator or (Operator	) of above-descri	ibed well, being fire	
duly sworn on oath, says: well as filed that th	That I have knowledge one same are true and cor	of the facts, statem rect, so help me God	ents, and mat !.	ters herein contai	ned and the log o	f the above-described CEIVED RATION COMMISSION	
(Signature)	tom speen				_		
(Address) 220 W.	Douglas, Suite 43	35			MAY	0 × 1995	
SUBSCRIBED WAS A	Attenisas 67202 Resulto before me this	1st day of	May XXXII			A RANSAT FOR	
My Compression Exp	pires: -7-2-98 Ter	esa L. Burleig	h-Smith			Form CP-4 Revised 12-	