STATE CORPORATION COMMISSION		61MG RECORD -82-3-117	15-1 API NUM	15-163-03/35-00-00 API NUMBER 7-11-44  LEASE NAME Hall #1		
200 Colorado Derby Building Wichita, Kansas 67202						
		TPE OR PRINT		WELL NUMBER #1		
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			1v. 4950	4950 Ft. from S Section Line		
	Office Wil	iiin ju days.	4270	ft. from E	Section Line	
LEASE OPERATOR N. F. Producers Inc.				SEC. 4 TAP. 10 RGE. 20 (4)		
ADDRESS 940 Wadsworth Ave - Suite 300  Lakewood, Colorado 80215  PHONE: (800 525-3332 OPERATORS LICENSE NO. 4472			COUNTY	Rooks		
PHONE \$ ( 800 525-3332 OPERATORS LICENSE NO. 4472				ell Completed		
Character of Well Oil			Pluggin	_ becnemmed gr	8-8-01	
(Oli, Gas, D&A, SWD, Input, Water Supply Well)				g Completed_		
The plugging proposal was appro-	ed on 8-5	<u>-01</u>			(date)	
by Herb Deines			(x)	C District Ag	gent's Name).	
1s ACO-1 filed? unknown If	not, is vell	log attached	no		- ± * <del></del>	
Producing Formation Arbuckle	·	_	-	om 3833' Tan	3833'	
Show depth and thickness of all						
OIL, GAS OR WATER RECORDS	1	id gas forme	CASING RECO	90	1	
		7. 10.				
Formation Content	From	To Size	Put in	Pulled out		
Surface pipe Production casing	0	241 10" 3828 7"	241 3828 <b>•</b>	none		
Floude tion casting		7020 7	7020	none		
Describe in detail the manner in						
placed and the method or method were used, state the characte						
Perforations 2225, 1780, 60/40 poz, 10% gel with 20	975 Run t	ubing to	2760', mix	I6 sks gel.	then 65 sks	
with 300# hulls. Pull tubi						
Shut in pressure 400#.Hook	on to back	side, mix	50 sks cem	ent with 20	O# hulls.	
shut in pressure 100#.	\\	~ . man+ina	٠ ســــــ	K		
Name of Plugging Contractor	Willed Ce	mentring		License No.	9-11-150	
Address P. O. Box 31, Russe			<u></u>	<u>- (OEF</u>	1/20	
NAME OF PARTY RESPONSIBLE FOR PI	LUGGING FEES:	N. F	. Producer	s KCn;	V(C)	
STATE OF KANSAS	COUNTY OF _	E/115		_,55.	HITA	
Jesu Di	rea_		(Employee o	f Operator) o	r (Operator) o	
above-described well, being firs statements, and matters herein	it duly sworn	on oath, sa	ys: That I ha	ave knowledge	of the facts	
the same are true and correct, s			<b>,</b>		l as filed tha	
		(Address		Haney	HAUS V	
SUBSCRIBED AND	SHOWN TO hate		Lh	of September	1006 8+1	
		La	And Will	)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
My Commission 8	xpires:  -	-19-2003	) hota	ary Public		
USE ONLY ONE SIDE OF EAC	H FORW			SANDRA WILSON	Form CP-4	
				NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 19-200	Revised 05-88	
				My Appt. Exp. 1-1-200	<u> </u>	