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

STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	TYPE OF NOTICE: Fill of and return	GING RECORD -82-3-117 R PRINT out completely to Cons. Div.	API NUM LEASE M WELL NU 2 3630	ABER_ Completed 10/53  NAME_ Zeegler  JMBER #2  ft. from S Section Line  Ft. from E Section Line
LEASE OPERATOR Gore Oil Comp.	any		SEC. 3	5 TWP. 105 RGE. 21 (E) or (W)
ADDRESS P.U. Box 2757	·		COUNTY	Graham
PHONE# (316) 263-3535 OPERATORS LICENSE NO. 5552 Date				oll Completed October, 1953
Character of Well Oil Plugg				ng Commenced 8-1-00
(OII, Gas, D&A, SWD, Input, Water Supply Well) Plugg				ng_Completed8-1-00
The plugging proposal was app				
by Herb Deines / Richar	d Williams		(K	CC District Agent's Name).
Is ACO-1 filed? Yes	f not, is well	log attached?_		
Producing Formation L-KC	Depth	to Top 3376'	Bott	tom 3603' T.D. 3674'
Show depth and thickness of a Oil, GAS OR WATER RECORDS	II water, oil a	_	CASING REC	DRD
Formation Content	From	To Size	Put in	Pulled out
	U	205' 8 5/8"		0'
	0	3672 5 1/2"	3672'	0'
Describe in detail the manner placed and the method or met were used, state the charace 2 7/8" tubing & 3/4" rods lef 80 sx 60/40 Pozmix w/10% Gel. w/100# Hulls. Pressure to 90 to 500#. Plugging finished.	hods used in in- eter of same and t in hole from l Last 30 sx w/2 O# Shut in w/8	troducing it and depth place 348' to TD. 300# Hulls. Pump 5	into the hoced, from Sanded in. ull tubing	feet to feet each set, Ran tubing to 1345'. Pump Fill casing w/10 sx cement down 8 5/8" x 5 1/2" annulus form.)
Name of Plugging Contractor	Allied Cementin	g Co., Inc.	ية 1- و <del>المتحدد الم</del>	RECEIVED LICENSE SNOTE CORPORATION COMMISSION
Address P.O. Box 31, Russe	11, KS 67665			AUG 2 9 2000
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	Gore Uil Cor	mpany '	
STATE OF Kansas	COUNTY OF	Sedgwick		CONSERVATION DIVISION Wichita, Kansas
David R. Gordon above-described well, being f statements, and matters her the same are true and correct	ein contained a	on oath, says	the above	of Operator) or (Operator) or lave knowledge of the facts described well as filed that
REBECCA K. CRAWFORD	AUG 2 3 2	DDD (Address)	Wichita,	KS 67201-2757
State of Kansas My Appt. Exp. /-/3-0-3	ND SMORM TOO GO	orse me this _	22nd day	August ,19 2000

David R. Gordon		of Operator)
above-described well, being first duly sworn on statements, and matters herein contained and t		
At a second and anneat on help to ded	(Signature)	Y / /Y /
REBECCA K. CRAWFORD AUG 2 3 2000	(Address) Wichita,	
State of Kansas My Appt. Exp. 7-13-0-3 AND SWORN 170 to figure	me this 22nd day	of August
, 110, 110	A hered	Laurhed

CrawfordNo

Repecca K. My Commission Expires: January 13, 2003