	451 DINO	LNC 'D	E CARD				
STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117			API NUMBER UNKNOWN			
200 Colorado Derby Building Wichita, Kansas 67202				LEASE NAME G. RUSH "A"			
TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				WELL NUM	BER 1		
				990 Ft. from S Section Line			
				2970 Ft. from E Section Line			
LEASE OPERATOR CRUMP PETROLEUM CORP.				SEC. 20 TWP. 108) RGE. 24W (E) or (W)			
ADDRESS P.O. BOX 50820, MIDLAND, TEXAS 79701				COUNTY GRAHAM			
PHONE# (915) 687-2008 OPERATORS LICENSE NO. 03135				Date Well Completed 2/ /67			
Character of Well				Plugging Commenced 2/26/90			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed 2/28/90			
The plugging proposal was approved on 2/27/90				(date)			
•				(KC	C District Ag	ent's Name)	•
Is ACO-1 filed? NO If				YES			<u>:</u>
Producing Formation LANSING-K.C					om <u>3966</u> T.D	• 3970	· ·
Show depth and thickness of al							
•	1			ASING RECOF	3D.		
OIL, GAS OR WATER RECORDS					Pulled out		₁
Formation Content	From	То	Size	Put in			
LANSING-K.C. Depleted of	3730		8-5/8" 4-1/2"	162 ' 3929	None None		_
			4-172		None		<u> </u>
Describe in detail the manner	in which the we	sil wa	s plugge	d, indicat	ng where the	mud fluid	wa
placed and the method or method were used, state the charac	ter of same al	na ae	ртп ріас	ea, rrom_	_1001 10	1991 6001	30.
Attempted to pull the The was	s badly corrode	<u>d and</u>	parted a	T 8' 22' 8	69. Kan Iri	ee-point and	d
hacked off at 1350' [could not pumped 150 sxs 65-35 pozmix +	get past this	poin bulle	t_due_to sazd_wi	damaged to th additio	g. Kan tog. nal 75 sxs t	-to-1353 & -150#-hulls	
Sazd. annulus, walls + som at 50#							
				·	License No(6033	
Name of Plugging Contractor MU					License No	3033	
Address P.O. Box 130, Hill C	ity, Kansas 676		MD DETROIL	CUM CODD			· ·
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:			EUM CORP.			
STATE OF TEXAS	COUNTY OF	TARR	ANT	· · · · · · · · · · · · · · · · · · ·	_,ss.		
ROBERT D. BOCELL, AGENT			(Employee o	f Operator) o	r (Operator) (
above-described well, being fi statements, and matters here	rst duly sworn	on oa nd the	ath, says a log of	the above-	ave knowleage des <u>c</u> ribed)wel	l as filed	tha
the same are truelland correct,	so help me Go	d.	Signature	1 -	AD. Koc	- 10 M	
STATE (1) GG 1990				2115 Mel	issa St., Ar		
MAR 0 8 1990			Address)	7	non A A	4 .19 %	0
THE THOUSE DIVISION S	ID SWORN TO bef	ore me	e this	b day	ot ////////////////////////////////////	7, 19 <u>7 /</u>	<u>~_</u>
CONSERVATIONAL Wichita, Kansas		1.	////	MAMN Not	AMANC ary Public	<u></u>	·