STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado, Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-167-22,133-0000

57202			LEASE NAM	E VonFeld	t	
•	NOTICE: FII	OR PRINT	WELL NUMB			
	and retu	irn to Cons. D	iv. <u>330</u>		Section Line	
,			<u>2310</u> SV_SV_SE	Ft. from E	Section Line	
LEASE OPERATOR B. A. Younger Cil Operations			SEC. 19 TWP. 11 RGE. 15 (E) or (W)			
ADDRESS Box 451 Hays, Kansas 67601			_ COUNTY Bl	COUNTY Bllis		
PHONE#( 913) 628-8623		No. 9125	Date Well	Completed		
Character of Well SMD	Plugging (	Plugging Commenced 6-26-1991				
(Oil, Gas, D&A, SWD, Ing	out, Water Supply W	eii)			6-26-1991	
The plugging proposal wa	is approved on	June 26, 1991	33 3	_	(data)	
by	Herb Deines		(גרט פ	listriat Ac		
Is ACO-1 filed?NO	lf not, is wel	l log attached	?No	TSTETE Age	ent's Name).	
Producing Formation	<u>N/A</u> Depi	th to Top	Bottom	Τ'n	75/0	
Show depth and thickness	of all water, oil	and das forma	+1000		· <u>3565</u>	
OIL, GAS OR WATER RECOR	·					
			CASING RECORD		<del></del>	
Formation Conte	nt From	To Size	Put in Pu	lled out		
None				<del></del>		
Describe in datail th						
Describe in detail the mplaced and the method owere used, state the cases of the state of the st	haracter of same 2 to 3565 DV at 938 t surface. Tied on	and depth pla 8 with 360 sx to Surface pipe	eced, from fes. Cem to surfa	If cement et to fe ce. SXS. of Co	or other plugeet each set	
and 205 sxs. of 65/3	35pos 8% gel with 40	00# hulls. Mar	x Pressure 1000	# SIP 1000#		
(If additiona	l description is ne	cessary, use B	BACK of this for	-m.)	West of the second	
Name of Plugging Contrac	torAllied Cement:	ing	Lice	ense No.	7-18-9/	
Address	Russell, Kansa	as		,	JUL 18 199	
NAME OF PARTY RESPONSIBLE	FOR PLUGGING FEES	:Bernard A	Younger		centi Test con con-	
STATE OFKansas	COUNTY OF				S. William	
			, ss	•	• • • • • • • • • • • • • • • • • • •	
Bernard A Young above-described well, being statements, and matters the same are true and cor	ng first duly sworr	n on bath, say	The above-desc	erator) or knowledge a ribed well	(Operator) of the facts as filed tha	
	•	(Address)	D 454 H	7 11 11 22	(2/02	
SUBSCRIB	ED AND SWORN TO be		Box 451 Hay	rs, Kansas	67601	
3333 0016	ED AND SWORN TO bef	rore me this _	17th day of	<u>Júly</u>	, 19 <u>91</u>	
· :			Ullen Y D	Public		
My Commi	ssion Expires:	MUTANY PINCE	DREILING	ADITE 3	Form (**)	

Form CP-4 Revised 05-88