15-167-03887-00-00

Form CP-3 Rev. 6-4-68

## STATE CORPORATION COMMISSION

STATE CORPORATION COMMISSION

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CONSERVATION DIVISION AGENT'S REPORT

RECEIVED

J. Lewis Brock Administrator P. O. Box 17027 Wichita, Kansas 67217

INV. NO.

Wichita, Kansas

|                           |                         |  | <u>.</u>     |
|---------------------------|-------------------------|--|--------------|
| Operator's Full Name      | A. F. Schmidt           |  |              |
| Complete Address          | Box 662, Russell, Kar   | sas 67665  |              |
| Lease Name                | McKune                  | Well No. # 2   |              |
| Location                  | SE SE SW                | Sec. 17 Twp. 13 Rge.   | 15 (E) (W) W |
| County                    | Russell                 | Total Depth  | 3378         |
| Abandoned Oil Well        | Gas WellInput           | WellSWD Well_  | XX D & A     |
| Other well as hereafter i | ndicated                |  |              |
| Plugging Contractor       | Southwest Casing Pulli  | ng Company   |              |
| Address_                  | Box 364, Great Bend,    | Kansas License No.   | # 399        |
| Operation Completed: H    | our 3:30 P.M. Day       | 16 Month 10  | Year 1974    |
| The above well was plugge | d as follows:           |  |              |
| 8 5/8" csg. 486' Cwc.     | Perf. 3040'             |  |              |
| Sanded hole back to 300   | ) % dumped 4 sax cemen  | t with dump bailer.  | Pulled pipe. |
| Squeezed well with 3 sax  | c hulls, 20 sax mud, re | leased plug, & displa  | ced 100 sax  |
| cement with Allied Cemen  | nting Company's pump tr | uck, cementing from 3  | 30' to base  |
| of cellar.                |                         |  |              |
|                           |                         |  |              |
|                           |                         |  |              |
|                           |                         |  |              |
| I hereby certify that the | above well was plugged  | as herein stated.  |              |
|                           |                         | Signed: Signed:  | and Comments |
| VOICED                    |                         | والمراب المراب المرابع | Supervisor   |