## KANSAS

Form CP-3 Rev. 6-4-68

## STATE CORPORATION COMMISSION

## CONSERVATION DIVISION AGENT'S REPORT

RECEIVED COMMISSION

J. Lewis Brock Administrator 245 North Water Wichita, KS 67202

DATE .

INV. NO.

API Number 15 -051 -21,262-00-00 (of the well)

|  |                  |                                       |                                       |          | •           |                                       |
|--|------------------|---------------------------------------|---------------------------------------|----------|-------------|---------------------------------------|
| Operator's Full Name                           | B <b>i</b> ll Wi | itcraft                               |                                       |          |             | <del></del>                           |
| Complete Address                               | Box 811, Great   | Bend, Kansa                           | s 67530                               |          |             |                                       |
| Lease Name                                     | Storm            |                                       | Well No.                              | 1        |             | ·                                     |
| Location N                                     | W WM WI          | Sec.                                  | 35 Twp.                               | 13 Rge.  | (E)         | (W) 20                                |
| County   | Ellis            | · · · · · · · · · · · · · · · · · · · | Total                                 | Depth    | 3866•       | · · · · · · · · · · · · · · · · · · · |
| Abandoned Oil Well                             | Gas Well         | Input Well                            | s                                     | WD Well_ | D & A       | XX                                    |
| Other well as hereafter                        | indicated        |                                       |                                       |          |             |                                       |
| Plugging Contractor                            | Dr               | ike Drlg.                             |                                       |          | <del></del> |                                       |
| Address  | Great Ber        | nd, Kansas                            | Lic                                   | ense No. |             | <del> </del>                          |
| Operation Completed:                           | Hour 4:30 A I    | Day                                   | Month_                                | 2        | Year197     | 7                                     |
| The above well was plugg RTD 3866 8 5/8 csg-se |                  | x. Plg. Ma                            | t 50-50                               | poz 2% t | otal gel.   |                                       |
| Gunned pits, circulated                        | <u> </u>         |                                       |                                       |          |             |                                       |
| Heavy mud to 185° set 20                       |                  |                                       | · · · · · · · · · · · · · · · · · · · |          |             | 1                                     |
| bridge & 10 sk cmt plug                        | to base of cella | r.                                    |                                       |          |             |                                       |
|  |                  |                                       |                                       |          |             |                                       |
|  |                  |                                       |                                       |          |             |                                       |
| 1  |                  |                                       |                                       |          |             |                                       |
|  | ,                |                                       |                                       |          | •           |                                       |
| I hereby certify that th                       | e above well was | plugged as h                          | nerein st                             | ated.    |             |                                       |
| VOICED   |                  | Sigr                                  | •                                     | Gear     | orseel      | _                                     |