STATE OF KANSAS STATE CORPORATION 7 200 Colorado Derby	
STATE CORPORATION	COMMISSION
🥕 "260 Colorado Derby	Building
Wichita, Kansas 6	7202

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TTTT COORDOLTION COMMISSON		GING RECORD -82-3-117	15.171.00085.0000  API NUMBER 6518552  LEASE NAME Rueter	
an	CE: Fill (	R PRINT complete to Cons. Divide to Cons. Divide to the cons. Divide to the constant of the co	WELL NUMBER 3  Ft. from S Section Line  Ft. from E Section Line	
LEASE OPERATOR Beren Corp.			SEC. 25 TWP. 18 RGE. 32 (6) or (W)	
ADDRESS Box 723 Hays, Kansas		7.0	COUNTY Scott	
PHONE# (913 628 6101 OPERATORS	LICENSE NO	5364	Date Well Completed 6-18-52	
Character of WellSWD		<del></del>	Plugging Commenced 7-6-88	
(Oll, Gas, D&A, SWD, Input, Water S	upply Well	)	— — — — — — — — — — — — — — — — — — —	
			Plugging Completed 7-19-88 (date)	
by Richard Lacev	4_	19-00	(date)	
Is ACO-1 filed?			(KCC District Agent's Name).	
Producing Formation and	Danah .	og attached?		
Show deat AECEIVE COMMISSION	Ueprn	то тор	Ions.  CASING RECORD	
OLL OF THE CORPORATION OF THE WAY	er, oll and	d gas format	ions.	
OTE BY GAS OR WALLY TRANSPORDS		<del></del>	CASING RECORD	
Formation JUL 28 Contract Conservation Kanas Surface Casting	) )	To Size	Put in Pulled out	
CONSERVAN Kans Surface		295 8 5/8		
Casing		<del>024</del> <del>- 5<sup>1</sup>2</del>		
Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from feet to feet each se Run 2" tubing to 245'. Mix 80 sks. 50/50 posmix, 6% gel. Circulate to surface. Pull tubing.				
— Mix and pump 200 sks. 50/50 posmi — groung under rig _ Stop mixing.	<u>x. 6% qel.</u>	40t down c	asing. Cement to surface and on top	
(If additional description		-	ACK of this form	
Name of Plugging Contractor Beren				
Address Box 723 Hays, Kansas 676	 )]			
NT. TE OF Vancas	UNTY OF	Ellis		
Mr. Ted Crawford above-described well, being first d	uly sworn	(Em	ployee of Operator) or (Operator) os: That I have knowledge of the facts e above-described well as filed the	
	· MS	(Address)	A . 22 7 41 11 17	
SUBSCRIBED AND SWORI	•	e me this	27 day of July , 19 88	
My Commission Expire	os:	<u>- Dal</u> 1-1991	Motary Public	