KANSAS CORPORATION COMMISSION CONSERVATION DIVISION WICHITA STATE OFF. BUILDING 130'S MARKET ROOM 2078 WICHITA KS 67202

Character of Well O/C

Producing Formation

OIL, GAS OR WATER RECORDS

LEASE OPERATOR HARRY D. SHARP

ADDRESS/2200 MOHAWIL, LEHWOODKS 66709.

PHONE 1 (13) 396227 OPERATORS LICENSE NO. 7774

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

LEASE NAME FAST SHARP

15-121-02220-

TYPE OR PRINT					
NOTICE: 1	FIII out	completely			
and re	eturn to	Cons. Div.			
office	aldtiw e	30 days.			

WELL NUMBER 5

1290 Ft. from S Section Line
2910 Ft. from E Section Line

SEC. 26 TWP. 16 RGE. 2/ (E) 0+(W)
COUNTY 4/14/1

Date Well Completed

API NUMBER TS/ WITH

Plugging Commenced 4/17/90

(Oll, Gas, D&A, SWD, Input, Water Supply Well)	Plugging Completed 2/13/98
The plugging proposal was approved on $\frac{2/3/6K}{}$	(date)
or Lein Glinters	(KCC District Agent's Name).
s ACO-1 filed? If not, is well log attached	?

Depth to Top_____ Bottom____ T.D.

CASING RECORD

Show depth and thickness of all water, oil and gas formations.

Formation	Content	From	To	Size	Put In	Pulled out
•						ing where the mud fluid w

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.

2. ALT II (omplete RID) 1. INSIDE ISD CIPCULATE

11 SACKS CEMENT -12 SUCTOCK

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor RALPh NICHELL DRULLING License No. 8469 Address RY / DHRKERKS 66072

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: HARRY D. EHARP

STATE OF KANEDS COUNTY OF JUHNSUN , SS.

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

PAUL J. KRANKER

Notary Public - State of Kansas

My Appt. Expires

(Signature) Hay M. HAWK Leave

ONTO - State of Kansas (Address) /2200 MIHAWK LEAGED, KS CONTROS

SUBSCRIBED AND SWORN TO before me this 742 day of Manch 1998

Jane Mranke

My Commission Expires: 10-6-81