STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202	~ . ~	WELL PLUGGING RECORD K.A.R82-3-117			VE NE 15-169 ABER + 1 NAME Shel		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			4950	WELL NUMBER 4750 Ft. from S Section Line 980 Ft. from E Section Line		
LEASE OPERATOR Sheldon Bros agency					SEC. 7 TWP. 14 RGE. 2 (E) or W		
ADDRESS Dex 198							
PHONE \$ (785) 826 - U37/ OPERATORS LICENSE NO. 8748					Date Well Completed		
Character of Well 0.1					Plugging Commenced 5-27-88		
(OII, Gas, D&A, SWD, Input, Water Supply Well)					g Completed	6-1-98	
The plugging proposal was approved on(date)							
by Ralph Tittle (KCC District Agent's Name).							
Is ACO-1 filed? NO If not, is well log attached? No							
Producing Formation Mogkata Depth to Top 3165 Bottom 3169 3169							
Show depth and thickness of all water, oil and gas formations.							
OIL, GAS OR WATER RECORDS CASING RECORD							
Formation Content	From	To	Size	Put In	Pulled out	<u>C. C</u>	
magukata Wallmita	\$146	Top	4%	3146			
						Person No.	
Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set Sond boffer to 3105, Dumpnof 4 sacks expent on 5and. Pulled 350: 4/12 pear: Bailed fluid out to 350: Set solid Bridge at 350 + Pelled at ith cental to such as the s							
Name of Plugging Contractor Seedd & Well Security							
Name of Plugging Contractor Scotds Well Service License No. 6819 Address PO Box 136 Roxbury Ks 62416							
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Scotts Well Strvice							
STATE OF KS COUNTY OF MCP Kerson , ss.							
(Employee of Operator) or (Operator) o							
above-described well, being fi statements, and matters here the same are true and correct,	in contained a	nd the	ath, says: e log of : Signature:	the above-	eve knowledge described well	of the facts I as filed tha	
(Address) P.O. Box 136 Roxbury Ks 67476							
SUBSCRIBED AND SWORN TO before me this 1st day of June 1998							
Carol Deller Notary Public							
My Commission Expires: 8-15-99							
CAROL DECKER State of Kansas My Appt. Exp. 8-45-99						Form CP-4 Revised 05-88	