STATE OF KANSAS STATE CORPORATION COMMISSIO	N ·	WELL PLUGGING RECORD K.A.R82-3-117				API NUMBER 15-135-23,508-60-06		
200 Colorado Derby Building Wichita, Kansas 67202						LEASE NAME_ Evel "F"		
		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.				WELL NUMBER 1		
						2970 Ft. from S Section Line		
office within 30 days.				3630	3630 Ft. from E Section Line			
LEASE OPERATOR Thomas C. Lutz					SEC. 5	SEC. 5 TWP. 16S RGE. 25W (E) or (W)		
ADDRESS P.O. Drawer 0940					. =	COUNTY Ness		
PHONE#(3166) 653-4178 OPERATORS' LICENSE NO. 4689						Date Well Completed 10-03-90		
Character of Well D & A					Pluggin	Plugging Commenced 10-03-90		
(OII, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 10-03-90		
The plugging proposal was a				, 1990	33	- ,	(date)	
by Case Morris	To late and the same				(KC		Agent's Name).	
ls ACO-1 flied? Yes	If not.	s well	log a	ttached?	·			
Is ACO-1 filed? Yes Producing Formation Show depth and thickness of		Deoth	to Te	00	Bott	om on T	D:c4448'	
Chair death and thickness of	all water		nd as	s formati	One	FAIE C	OPPORATION	
OIL CAR OF WATER PERCEPTS	1	, 0,, a	na ga	۰ ۱۰۱ ۱۱۱۵ ۱۱	ASING RECO	ل بل	111 1 6 1991	
OIL, GAS OR WATER RECORDS						COAST		
Formation Content	ا منت جو جو جو جو	From	То	Size	Put in	Pulled out	RVATION DIVISION	
surface 60-40po	Z	0	383'	12 1/4	375'	0		
							-	
Describe in detail, the mann placed and the method or mwere used, state the char	ethods use	ed in in	trodu	cing it i	nto the ho	le. If ceme	nt or other plug	
1st plug @1980' w/50			0' w/8	30 sx 3r	d plug @ 41	0' w/50sx	4th plug @	
40' w/10 sx 15sx i	n rat hole							
(If additional of				•	CK of this	form.) 	್ ಿಗಿಕ್ಕ್ ಮ್ರಿ	
Name of Plugging Contractor				4.5.		License No.	5302	
Address 125 N. Market, Su	ite 1720	Wichita	, KS	67202	· · · · · · · · · · · · · · · · · · ·			
NAME OF PARTY RESPONSIBLE				nomas C.				
STATE OF arkansas	cou	JNTY OF	Wa	shingt	2	_,ss.		
above-described well, being statements, and matters the same amount, we and corre	rerein con	tained a	nd th	ath, says e log of	: That I b	ave knowled	or (Operator) or ge of the facts that	
LYNN 1977			(Signature	12/100		/	
STATE			(Address)	11	1,	, (2)	
STATE OF SUBSCRIBED ARKANSAS ARKANSAS STATE OF SUBSCRIBED ARKANSAS ARKAN	AND SWOR	N TO bef	ore m	hery	day	nn Du	in 1991	
Commis	sion Expir	es: <u>////</u> (1995	Not	tary Public		
Marine Miller				,			Form CP-	

Form CP-4