STATE OF KANSAS STATE CORPORATION	COMMISSION	WELL PLUG K.A.R.	-		API NUME	API NUMBER 15-135-23,449-00-00			
200 Colorado Derby Building Wichita, Kansas 67202						LEASE NAME Travis			
		TYPE OR PRINT				MBER	7		
	NOT i	NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			2970	_ Ft. from	S Section Line		
						Ft. from	E Section Line		
LEASE OPERATOR Viking Resources, Inc.					SEC. 27	_TWP17_RG	GE. 21 (E) or (W)		
ADDRESS 105 S. Broadway Ste 1040 Wichita Ks 67202					COUNTY	Nes	s		
PHONE#(316) 262-2502 OPERATORS LICENSE NO. 5011					Date We	II Complete	ed <u>4-19-90</u>		
Character of Well oil					Pluggin	Plugging Commenced <u>5-10-91 10:00</u> a.m.			
(OII, Gas, D&A, SWD, Input, Water Supply Well)					Plugging	g Complete	d <u>5-10-91 11:30</u>	a.m.	
The plugging propos	sal was approved	on <u>5-09</u> -	91				(date)		
by Dan Goodr Gw	عبيد بالمجاد فالكلاد للمسا				(KC	C District	Agent's Name).		
Is ACO-1 filed?y	ves If not,	is well	log a	ttached?_		<u></u>			
Producing Formation					•		•		
Show depth and thi									
OIL, GAS OR WATER	RECORDS			C	ASING RECO	RD		_	
Formation	Content	From	То	Size	Put In	Pulled ou	f .	-	
Miss	oil	4200	4210		4208 337	none		-	
								-	
Describe in detail.	the manner in wh	Ich the w	611 W	as plugge	d, indicat	Ing where	the mud fluid w	_I as	
placed and the mer were used, state	the character of	f same a	nd de	pth plac	ed, from_	_feet to_	teet each se	it.	
Plugged with 300# backside was press	hulls, $25 \text{ sx} 65/35$	o pozmix 8	3% gel	<u>40 bbl n</u>	nud, 60 sx	65/35 pozm	ix, 8% gel	_	
			:	· · · · · · · · · · · · · · · · · · ·			RECEIVED		
(If add	itional descripti	on is nec	essar	y, use BA	CK of this	form.) STA	TE CORPORATION COMMIS	SSION	
Name of Plugging-C	ontractor <u> – Allie</u>	d-Cementi	ng			License No	· AUG 1 6 1991	<del></del>	
Address P.O. Bo	ox 31, Russell, KS	67665	·				08-16-199	<u> </u>	
NAME OF PARTY RESP	ONSIBLE FOR PLUG	ING FEES:	_Viki	ng Resour	ces, Inc.		Vendera Ranges	_	
STATE OF Kansas		COUNTY OF	Sedgy	vick	·	_,ss.			
Shawn P. Devlir	1			(	Employee o	f Operator	) or (Operator)	of	
above-described we statements, and m	natters herein co	ontained a	ind th	ath, says e log of	: That I h the above-	ave knowle described	age of the fact well as filed to	at	
the same are true	and correct, so h	elp me Go	d.	Signature	(1)		<u>.                                    </u>	_	
			(	Address)	105 S. Bro		ite 1040		
s	UBSCRIBED AND SWO	RN TO bef	ore m	e this	Wichita, K <u>14th </u> day	S 67202 of <u>August</u>	,19 91		
				Wanda	m. yo	waer			
WANDA M.	YOUNGER MURDERMISSION Expl	res:_July	7 8 <b>.</b> 19	Wanda M. 995	Younge	ary (Public			
STATE OF My Appl. Exp.	KANSAS _						Form CP- Revised 05-0	-4 88	