STATE OF KANSAS STATE CORPORATION COMMISSION		WELL PLUGGING RECORD				222	00-00	
200 Colorado Derby Building Wichita Kansas 67202		K.A.R82-3-117				API NUMBER 15-435-22,059-00-00		
					LEASE N	LEASE NAME Janke		
	NOTIC	TYPE OR PRINT NOTICE: FILL out completely				WELL NUMBER #1		
	return to Cons. Div. fice within 30 days.			<u>460°</u>	460° Ft. from S Section Line			
					3300	3300° Ft. from E Section Line		
LEASE OPERATOR Castle Resources Inc.					SE C.34	TWP.17s RGE	1w (E) or (W)	
ADDRESS 1200 E.27th Hays. Kansas 67601					COUNTY	COUNTY Ness		
PHONE \$ (913) 625-5155 OPERATORS LICENSE NO. 9860					Date We	Date Well Completed 9/2/82		
Character of Well oil					Pluggin	Plugging Commenced2/6/97		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging	Plugging Completed 2/6/97		
The plugging proposal was approved on $\frac{1/25/97}{}$ (date)								
by <u>Kévin St</u>	rube				(KC	C District Ag	ent's Name).	
is ACO-1 filed?y	eslf not,	is well	log a	ttached?			1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Producing Formation	Ft.Scott	Depth	to To	H097'	Botto	om 4100° T.D	. 4272'	
Show depth and thic							•	
OIL, GAS OR WATER RECORDS CAS					SING RECOR	ING RECORD		
Formation	Content	From	То	Size	Put In	Pulled out		
	Surface Pipe	0	2001	85/8"				
	Prod. casing			" 41/2"		None None		
	·							
Describe in detail.	the manner in which	ch the w	eli wa	s plugged	, indicati	ng where the	mud fluid wa:	
placed and the met were used, state t	nod or methods use	ed in In.	troduc	cina it ir	ito the hol	le. If cement	or other since	
MIX 200# OI NUL.	is and 20 sks.o	I 00-40	) pos	.0% gel.	Pump +	nanfa Pro	agumo to	
1200#. Release   60-40 pos.6% ge.	pressure. ELI.	peri. @	9 700	'Allied	Cementin	në mix 200	sks.of	
	<u> Ticket#1567</u>							
	tional description			, use BAC	CK of this	form.)	12-24-1997	
Name of Plugging Con	ntractor <u>Allied C</u>	ementin	g	<del> </del>	<u> </u>	icense No.		
Address P.G. Box 31 Russell Kansas 67665								
NAME OF PARTY RESPON	NSIBLE FOR PLUGGIA	NG FEES:	_Cas	tle Reso	urces, Ind	24	<u> </u>	
STATE OF STATE	15/75 cou	JNTY OF _	E	1/15		,ss. U	RPD	
			٠.	(E	mployee of	Operatoro o	Operator) of	
above-described well statements, and ma	etters herein cont	tained ar	nd the	th. savs:	That I ha	ve knowledce	of the facts	
the same are true as	nd correct, so he!	lp me God	1.	Signature)	(d)		~ ~ / !·	
			•	(ddress)		HANEY, K		
Su	SCRIBED AND SWORE	N TO befo			, ,	+ Februar	y 1097	
	= = ::2	- 3070		SINI	A. N.	ades	<del>/</del>	
My.	Commission Expire	S. 1 NOT	VDA Olio	C . State of Kancas	. 18	ary Public		
GLORIA & BADER  My Appt. Exp. 200							Form CP-4	
			wy nupli. I				Revised 05-88	

Form CP-4 Revised 05-88