To: STATE CORPORATION COMMISSION CONSERVATION DIVISION - PLUGGING SECTION 200 COLORADO DERBY BUILDING WICHITA, KANSAS 67202 TECHNICIAN'S PLUGGING REPORT Operator: Silver Crock OVG Dec	API NUMBER 15- 169 - 20286-0000 Su), SEC. 15, F 16 S, R 3 W/B 990 feet from \$7/8 section line 3630 feet from \$7/8 section line Lease Name Mott. Well \$2 County Saline /1391
Address 1900 N. Ameden	Well Total Depth 3474 feet
Suite 221	Conductor Pipe: Sizefeet
Wichita, Ks, 67203	Surface Casing: Size 8% feet 358
Abandoned Oll Well Gas Well	$oldsymbol{arepsilon}$
Other well as hereinafter indicated	
Plugging Contractor H- 30	License Number 5/07
Address Wielita, E	<u> </u>
Company to plug at: Hour: Pm Day: 2	6 Month: Qua Year: 1985
Plugging proposal received from Sever	
(company name) H-30 Dig	
were: 50 RF @ 450'	13
in R. H.	
	Drilling Intent
Plugging Propose	al Received by
	(TECHNICIAN)
Plugging Operations attended by Agent?: All_	
Operations Completed: Hour: 7 tm Day: 3	36 Month: Qua Year: 1985
ACTUAL PLUGGING REPORT Circ. 5000	Cement @ 450' - 25 sy
@ 60' - 10 sk in R	at Hole.
allied Conty 40532 U	sed 750, 67gel ton

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OCT 1 6 1985

State of Kansas

NOTICE OF INTENTION TO DRILL

	14	(see rules on	reverse side)
Starting Date	st 1985	year 2:52	API Number 15— 16 9-20, 286
City/State//in #161116	Oil & Gas, idon, Suite a, KS 6720	#221 XCC-NO	(Note: Locate well on Section Plat on reverse side)
Contact PersonGreg	Porterfiel	d AUG 1.4 1	Contact lease or unit boundary line 330 fe Keounty Saline Lease Name Mott Well # #2
CONTRACTOR: License #	5107	TAINT OFF	KEountySaline
Name H = 30	. 	Salling	
City/State Wichita, KS			Ground surface elevation feet MS
Well Drilled For:	Well Class:	Type Equipment:	Domestic well within 330 feet:yesn
ĭ— Oil — SWD	X Infield	X Mud Rotary	Municipal well within one mile:yesn
Gas lnj	Pool Ext.	- Air Rotary 18	Surface pipe by Alternate: 1 2 2 1
OWWO 🔑 Expl	Wildcat	Cable 1/24/5	Depth to bottom of fresh water.
If OWWO: old well info as folio		6.01.8	Depth to bottom of usable water
Operator		- AND:	Surface pipe planned to be set
Well Name		,	Formation \$1.00.00.00.00.00.00.00.00.00.00.00.00.00
Comp Date	Old Total Depth		
I certify that well will comply	with K.S.A. 55-1	01, et seq., plus eventu	, "/ L'
cementin	ng will be done in	nmediately upop settifu	Production custing Sucretary Sucretary
Date . 8. 1.8 /. 85 Sig	nature of Operate	or or Agent	True
c recurs	(Ac. au siec.	<i>I</i>	pe Required feet per Ot. 1 2 Approved By 8-13-8-5
c recurs	PLUG	: Minimum Surface Pi	pe Required
For KCC Use: Conductor Pipe Required This Authorization Expires	PLUG	: Minimum Surface Pi	pe Required feet per St. 1 2 Approved By 8-13-85
For KCC Use: Conductor Pipe Required This Authorization Expires D GEME INCOME IS	PLU	ROPING PROPOSA	pe Required feet per Ot. 1 2 Approved By 8-13-8-5 20-85 & 9:35 Am AL IF ABOVE IS D & A
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