STATE OF KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING RECORD

K-A-R--82-3-117 API NUMBER 15-101-21,403 - 00 - 00

200 Colorado Derby Building Wichita, Kansas 67202						LEASE NAME Waterson		
					LEASE N			
TYPE OR PRINT					WELL N	WELL NUMBER 1		
	NOTICE: Fill out completely and return to Cons. Div.					Ft. from S	Section Line	
	office within 30 days.				660	— Ft∙ from E	Section Line	
LEASE OPERATOR Cibola Resources Corporation							- 27 XXXXXX(W)	
ADDRESS P.O. Box 7805, Amarillo, TX 79114-7805						Lane		
PHONE#(806) 353-7429 OPERATORS LICENSE NO. 3423						all Completed	8-13-87	
Character of Well D&A						ng Commenced	8-12-87	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)						ng Completed	8-13-87	
Did you notify th	ne KCC District Of	fice prior	· to p	olugging 1		· · · · · · · · · · · · · · · · · · ·		
	did you notify? _				-			
	no 1f not			•				
Producing Formati	t to operator for com	Depth	1 to 1	ор	Bott	omT.	D•	
Show depth and th	lickness of all wa	ter, oil a	and ga	s formati	ons.			
OIL, GAS OR WATE	R RECORDS				ASING RECO	ORD		
Formation	Content	From	To	Size	Put In	Pulled out	<del></del>	
		<u> </u>	-}	8-5/8	367	none	······································	
			-{	- - <del></del>	·/	-		
Describe in detail placed and the m	I the manner in w	hich the w	ell w	as plugge	d, Indicat	ing where th	e mud fluid was	
were used, state	e the character	of same a	nd de	epth plac	ed, from	feet to	feet each set	
Pump heavy mud to	2130'-2030', 50 sacks mud to 40' to solid b	; pump heavy ridge, 10 sa	mud to	o 1350'-1030 athole-15 s:	0', 80 sacks;	pump heavy mud	to 390'-230', 40	
		1 (440) 10 30	0.033_1	3111010 12 31	acks, art cen	JEHT 00740 DOSIIIT	x, or get	
(If ad	ditional descript	lon is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging	Contractor Aberca	ombie Drilli	ng, Ind	·	<del></del>	License No.	5422	
Address 801 Union	Center. Wichita. KS	67202						
STATE OF Kansas		COUNTY OF	Sedgy	vick				
<del>- 11</del>						,55•		
Jack K. Whart above-described	on, Secy/Treas well, being first	duly swor	n on	Em oath, sav	iployee of s: That I	Operator) or have knowled	(Operator) o	
statements, and m	atters herein con	tained and	the	log of th	e above-de	scribed well	as filed tha	
the same are true	minimum.	neip me Go		Signature	) Can L	Kulinto	<del>-</del>	
in the CE	M. Marie		(	Address)	Jack K. Wi	narton		
T O	ARAPIDER AND CH	ORN TO bef			8-25-87			
0 1		OKN TO DOT	016 111	/ / · ·	25th day	of August	,19 87	
PU	BLIS		7	Clarice M. N	Vize Not	ary Public	<u> </u>	
MATE	N 1 1	ires: Nove	mber 28	1988		ر عالي م	o 1987	
	0F %" ·					AUU Z	U 1507	

Form CP-4 Revised 07-86
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