STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117			AP I NUME	API NUMBER 15-101-21,303-00-00  LEASE NAME Walker		
200 Colorado Derby Building Wichita, Kansas 67202				LEASE N			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NU	WELL NUMBER . 1		
				4950	4950 Ft. from S Section Line		
•				2310	2310 Ft. from E Section Line		
LEASE OPERATOR The Dane G. Hansen Trust				SEC. 17	SEC. 17 TWP. 18 RGE. 28 (£) or (W)		
ADDRESS P. O. Box 187, Logan, Kansas67646				COUNTY _	COUNTY Lane		
PHONE (913) 689-4816 OPERATORS LICENSE NO. 5285				Date We	Date Well Completed 3/24/86		
Character of Well D&A				Pluggin	Plugging Commenced 3/24/86		
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 3/24/86		
Did you notify the KCC/KDHE Jo	int District O	ffice	prior to	plugging	this well?	Yes	
Which KCC/KDHE Joint Office di	d you notify?		Wichita.	Kansas		······	
Is ACO-1 filed? Yes If	not, is well	log a	ttached?_				
Producing Formation	Depth	to T	ор	Bott	omT.	·	
Show depth and thickness of al	l water, oil a	nd ga	s formati	ons.			
OIL, GAS OR WATER RECORDS		<del></del>		ASING RECO	RD		
Formation Content	From	То	Size	Put In	Pulled out		
			8 5/8	252	None		
				-			
Describe in detail the manner	le which the w		25 21 1100	d ledicat	ing where th	a mud fluid was	
placed and the method or metho	ds used in int	roduc	ing it in	ito the hol	e. If cement	or other plugs	
were used, state the character of same and depth placed, f 80 sx at 1400'				romfeet irculation	omfeet tofeet each set. rculation - 9 its. (300')7" Wash Pipe		
50 sx at 300' 12 dril					collars and I jt. weighted pipe		
10 sx at	•		<u>left i</u>	n hole)			
15 sx in Ra (if additional desc	ription is nec	essar	y, use B/	CK of this	form.)	<del> </del>	
Name of Plugging Contractor	Allied Cer	menti	ng Co.				
Address Box 31, Russell,	Kansas 67665			······································		POTILATION COMMISSION	
STATE OF KANSAS	COUNTY OF	PHI	LLIPS		_,ss.	R 23 1985	
Dane G. Bales, Manage	r		( En	nployee of	Operator) on	RVATION DIVISION icili <b>Opiamator) of</b>	
above-described well, being f	irst duly sworn	on o	ath, say:	s: That I h	ave knowledg	e of the facts,	
statements, and matters herein the same are true and correct		d.		, /a	و (/	as filed that	
		(	Signatur		G. Bales		
		(	Address)		Капѕаѕ 6764	6	
SUBSCRIBED A	ND SWORN TO bef	ore m	ie th <i>X</i> ∫s 2	lst dox	of April	,19 <u>86</u>	
PETTY IANE BITTEL					107	<del></del> -	
State of Kansas My Appt Exp. July 17, 1988  Betty Jane Bittel Notary Public							
My Commission	n Expires:		ly 17. 19		_		