STATE OF KANSAS STATE GORPORATION COMMISSION	WELL PLUGG K.A.R		API NUME	API NUMBER 15-135-23,526-00-00		
200 Colorado Derby Building Wichita, Kansas 67202	•		LEASE NA	ME <u>Yawger#</u>	H-2	
RECEIVED  OTATE OF ATTAIL OF COMMISSION	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER # H-2		
02-14-1991 FEB 1 4 1991			2150	2150 Ft. from S Section Line		
COMBERNATION DUASICU			3710	3710 Ft. from E Section Line		
LEASE OPERATOR Hoffman Petroleum, Inc.			SEC. 7	SEC. 7 TWP. 17 RGE. 21W(E) or (W)		
ADDRESS 1600 Broadway, Suite 1710			COUNTY	COUNTY Ness		
PHONE# (303) 860-9121 OPERATOR'S LICENSE NO. 3321			Date We	Date Well Completed 12-12-90		
Character of Well D&A			Plugging	Plugging Commenced 12-12-90		
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed 12-12-90		
The plugging proposal was appr	oved onDec	ember 12, 1990	) .		(date)	
bySteve Pfiefer		. ·	(KC	C District Ag	ent's Name).	
Is ACO-1 filed? Yes If	not, is well i	og attached?_	·			
Producing Formation N/A	Depth	to Top	Botte	omT.D	• <u>4514'</u>	
Show depth and thickness of al		-			•	
OIL, GAS OR WATER RECORDS		(	CASING RECO	RD	<u>.</u>	
Formation   Content	From	To Size	Put in	Pulled out	<del> </del>	
Surface 60-40	DOZ 0	240' 8 5/8	239 92	0	·	
Surface 00=40	poz – –	2-0 0 370				
Describe in detail the manner placed and the method or method were used, state the charac	nods used in int	roducing it i	into the ho	le. If cement	t or other pl	
1st plug @ 1700' w/50s					plug @	
270' w/40sx, Rathol 5th plug @ 40' w/10sx			60-40poz 6%			
(if additional desc	cription is nece	ssary, use B/	ACK of this	form.)		
Name of Plugging Contractor Re	d Tiger Drilling			License No	5302	
Address 125 N. Market, Suite 1	720 Wichita, KS	67202				
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	Hoffman Pet	roleum, Inc			
STATE OF Colorado	COUNTY OF _	Denver	····	_,ss.		
Myrle F. Hoffman			(Employee o	of Operator)	or (Operator)	
above described wells being f statements fond matters her the same are true and correct	ein contained ar	id the log of	the above-	described we	s of the fac il as filed t	
		(Signatur	C	Moffma	n/	
		(Address)	1600 Broad Denver, CO	lway, Suite 17 0 80202	10	
SUBSCRIBED A	ND SWORN TO befo	ore me this 1			,19 <u>91</u>	

My Commission Expires:

My Commission expires May 17, 1993

Notary Aublic