	10 (10 mg/k) 20 (10 mg/k)	15-091-20318-0000
STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117	10 API NUMBER Ald well
200 Colorado Derby Building Wichlia Kansas 67202		Valease NAME Kauffron
Wich ita kansas 6/202	,	
	TYPE OR PRINT IOTICE: Fill out complete!	WELL NUMBER
	and return to Cons. Div	
	office within 30 days.	4620 Ft. from E Section Line
LEASE OPERATOR LON Ka	" Homa n	SEC.33 TWP. 13 RGE. 23 (E) or (W)
ADDRESS 2402 W Denni	tigan ta a la	COUNTY Johnson
	1 - 50	Date Well Completed 1926
PHONE # (913) 782-5693 OPERATO	DRS LICENSE NO. <u>93339</u>	
Character of Well <u>Gas</u>		Plugging Commenced $10/24/9/$
a,te المار المارو SWD بير SWD و COLL. Gas	or Supply Well)	Plugging Completed $10/30/9/$
The plugging proposal was approv	red on $10/20/9/$	(date)
by Jack Robinson	/ ' '	(KCC District Agent's Name).
Is ACO-1 filed? Off well If r	not, is well log attached?	RECEIVED
Producing Formation Lower Sau	inne Depth to Top 54	O STATE CORPORATION COMMISSION
Show depth and thickness of all	·	- 1 A (QQ ²)
OIL, GAS OR WATER RECORDS	1	CASING RECORDAVATION DIVISION
	,	Wichita, Kansas
Formation Content	From To Size	Put in Pulled out
Describe in detail the manner in	which the well was plugg	ed, indicating where the mud fluid wa
placed and the method or method	is used in introducing it	into the hole. If cement or other plug
were used, state the characte	r of same and depth pla	ced, from feet to feet each set Shot 3 heles 2" 95
360 Jan 1" to 550		surface - pulled I' out
hooked up to 2" &	pump rement to	soface outside of 3"
Total (If additional descri	ption is necessary, use B	ACK of this form.)
Name of Plugging Contractor	- 6 Glaze Drill	Ma License No. 5885
Address Rt 2 Bax 3	09 A Spromobil	KS 66083
NAME OF PARTY RESPONSIBLE FOR PL	14	au Pman
STATE OF K S	COUNTY OF John Son	,55.
(Donka Mari	_	
above-described well, be//ng firs	it duly sworn on oath, say	(Employee of Operator) or (Operator) os: That I have knowledge of the facts
statements, and matters herein the same are true and correct, s		the above-described well as filed that
	(Signatur	e) mauffinen
CHARLENE L. GOYER	(Address)	2402Willennos
NOTARY PUBLIC STATE OF KANSASSUBS CRIBED AND	SWORN TO before me this _	11 day of Faterwary, 1992
My Appt. Exp. 2 -13-92	1º Uno	slene & Doyles
My Commission Expires: Leli 13, 1992 Notary Public		