STATE OF KANSAS STATE CORPORATION CO 200 Colorado Derby & Wichita, Kansas 672	OMMISSION · Building	WELL PLUGGING RECORD K.A.R82-3-117				API NUMBER \$135-22,987-00-00 LEASE NAME Ryan "C"	
• .	NOTIC	TYPE OR PRINT NOTICE: Fill out <u>completely</u>			WELL NU	IMBER 1	
·		and return to Cons. Div. office within 30 days.				Ft. from S Section Line	
or the driving so days.					Ft. from E Section Line		
LEASE OPERATOR AMERICAN ENERGIES CORP.					SEC.32	_TWP17 RGE22 (NEVXXX(W))	
ADDRESS 575 Fourth Fin. Center, Wichita, KS					COUNTY	Ness	
PHONE#(310 263-5785 OPERATORS LICENSE NO. 5399					Date We	It Completed <u>2-13-86</u>	
Character of WellD&A					Pluggin	g Commenced 2-13-86	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)					Pluggin	g Completed 2-13-86	
Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes							
Which KCC/KDHE Joint Office dld you notlfy?							
Is ACO-1 filed? <u>yes</u> if not, is well log attached?							
Producing Formation Depth to Top BottomT.D.							
Show depth and thickness of all water, oil and gas formations.							
OIL, GAS OR WATER RECORDS CASING RECORD							
Formation C	Content	From	То	Size	Put In	Pulled out	
			321	8 5/8	314		
Describe in detail t	he manner in which	h the we)	s plugge	d. Indicat	Ing whose the and filled	
Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. #1 plug @ 1540 w/50 sx; #2 @ 750 w/50 sx; #3 @ $\overline{350}$ w/50 sx;							
#4 @ 40' w/10 sx; rathole w/15 sx; 175 sx 60/40 poz 6%gel							
(If addit	ional description	ls nece	ssary	, use BA	CK of this	form.)	
Name of Plugging Con	tractor <u>Alle</u>	n Drill	ling	Co.	<u> </u>	License No. 5418	
Address Box 13	89, Great Bend	, KS		-			
STATE OF K	ansas cou	INTY OF _	Ba	rton	-	_,55.	
John A. Johns above-described well statements, and matt the same are true an	, being first dul ers hereln contai	nec anc	тп е і І.	Th caus	That I had a box a - des	Operator) REXCOMMENDER of the facts, scribed well as filed that	
						Great Bend, KS	
SUB	SCRIBED AND SWORN	l TO befo					
			_	19		, 19 00	

MAR 4 1986

Form CP-4 Revised 08-84