STATE OF KANSAS STATE CORPORATION COMMI 200 Colorado Derby Bull	SS10N	WELL PLUGGING RECORD K.A.R82-3-117			15-185-10112-0001			
Wichite Kansas 67202	• • • •				LEASE NAME CHRTIS B (OWWO)			
	MOTIC	TYPE OR PRINT NOTICE: Fill out completely			WELL NUM	WELL NUMBER 1		
		and return to Coms. Div.			1980	1980 Ft. from \$ Section Line		
	91	office within 30 days.			<u>660</u>	660 Ft. from E Section Line		
LEASE OPERATOR Oil Producers. Inc. of Kansas				sec. 16	SEC. 16 TWP.255 RGE. 15W (E) or (4)			
ADDRESS P. O. Box 8647, Wichita, Kansas 67208					COUNTY <u>Stafford</u>			
PHONE (316) 681-0231 OPERATORS LICENSE NO. 8061					Date Wel	Oate Well Completed		
Character of Well <u>Oil</u>					Plugging Commenced 11-07-97			
(Oll, Gas, D&A, SWO, Input, Water Supply Well)					Plugging Completed 11-07-97			
The plugging proposal w	as approved o	1	11 - 07-	97		(data)	
by <u>Richard Lacev</u>					(xc	C District Agent's Mame)		
1s ACO-1 filed? Yes	If not,	15 well	log a	rtached?				
Producing Formation		Depth	to To	4234	Botto	4244 T.D. 4310		
Show depth and thickness	s of all water	r, oll a	nd gar	. formatic	ons. (2000, 97		
Show depth and thickness	ROS	<u> </u>		C!	SING RECOF	11-10		
Formation Cont		From				Pulled out		
Su)	rface	<u> </u>		8 5/8"	265	0		
Pr	oduction			4 ½ "	4306	2100		
placed and the method vers used, state the Rottom nlug sand and c	or methods us character of ement to 4184' hulls- release	•d in in same a . Allie ed plug-	trodu nd de d mix 125 s	eing it in pth plac ed 300# hu	ito the ho ed, from_ ills, 10 <u>sa</u>	ing where the mud finid ie. If coment or other p feet to feet each s cks gel and 50 sacks ceme essure 300#, shut in 175#	i u nt-	
	· •	· <u>-</u>	- .					
Name of Plugging Contra	ctor <u>D.S.</u> 8	. W. Well	Serv	icing, Inc		License No. 6901		
Address P. O. Box 231.								
MAME OF PARTY RESPONSE	ILE FOR PLUGGI	NG FEES:	_0i	l Producer	s, Inc. of	Kansas	 .	
STATE OF Kansas	co	טאדץ סד		Barton		_, 53.		
Arthur P. Strube above-described well, be statements, and matter the same are true and company of t	eing first du ers herein con	s beniete	and th	ath, says	That I h	f Operator) or (Operator eve knowledge of the factor described well as filed	: :	
			(Address)	P. O. Box	231. Claflin, Kansas 675	<u>25</u>	
S U B S CR	RIBED AND SWOF	N TO bet	fors m	ie_thls /	04h day	of November 1997	<u>'</u>	
		·		Ra .	10	all _		
14			 '05/	9 !	Not	ary Public		
USE CALLY CHE SID	# CF FACH F	roev ro	wex.	<u> </u>	70.47 E	er opposition of grant for the first that the first		

BUNNAE L. COMMULL
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 4-4-2001

form CT-4 Revised 05-88