STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117			20016-0000 API NUMBER 15-109-20,061			
200 Colorado Derby Building Kansas 67202				LEASE	LEASE NAME Harrison		
	TYPE OR PRINT				UMBER <u>"B" #1</u>		
	NOTICE: FILL out completely and return to Cons. Div.				Ft. from S	Section Line	
Maria Maria da Maria Maria da Maria da Ma	office wi	thIn :	30 days.		 Ft. from E	Section Line	
LEASE OPERATOR Ritchie Explora	tion, Inc.					.32W (E)or(W)	
ADDRESS 106 W. 34th Hays, KS 67601					Logan		
PHONE (913) 623-1453 OPERATO					II Completed		
Character of Well Oil	•				g Commenced		
(OII, Gas, D&A, SWD, Input, Wate	r Supply Wat	· .			g Completed		
				_ Fluggin	g comprered		
The plugging proposal was approv				-		(date)	
by Carl Goodrow		-			C District A	gent's Name).	
Is ACO-1 filed?If n	ot, is woll	log a	ittachod?_				
Producing Formation	Depth	to T	op	Bott	omT.[4684'	
Show depth and thickness of all							
OIL, GAS OR WATER RECORDS			C	ASING RECO	RD		
Formation Content	From	То	Sizo	Put In	Pulled out		
· Partie		·	8 5/8	253'	none		
			4 1/2	4674	920'		
		ļ					
Describe in detail the manner in placed and the method or method							
were used, state the character	of same a	nd de	pth plac	ed, from_	_feet to	feet each set	
Sanded off bottom @ 3928' & dump	ed 4 sks cer	ment.	Shot @ 2	2471', work	red pipe. Sh	ot @ 1800' & essure. Shot	
1600', mixed 45 sks w/300# hulls @ 920', pulled 4 its. Mixed 70	sks w/200# }	nulls	, rocked (Pulled	casing to	71750 105 pr 240', circul	ated 45 sks	
to surface. Pulled rest of pipe	, topped of	$E_{\rm W}/19$	sks. 60	0/40 poz 10	% gel. Plug	ging complete.	
				OK OF THIS	form.) REC	ATION COMMISSION	
Name of Plugging Contractor K				NC.	. 11194 1	10 1774	
Address P.O. Box 347 Chase		675				8-1444 -	
NAME OF PARTY RESPONSIBLE FOR PL	JGGING FEES:	Rito	chie Explo	oration, In	CUNSCHVA	9' Kaurre 11ñn Diairin	
STATE OF Kansas	COUNTY OF		Rice		_, SS.		
R. Darrell Ke						r (Operator) o	
above-described well, being first statements, and matters herein	duly sworn contained ar	on oa nd the	ath, saýs: e lou of 1	: That I ha the above-æ	ive knowledge lêscribed wel	of the facts, I as filed that	
the same are true and correct, so		d.	Signature	10/	1	li m	
			ū		247 01-00	VC 6753A	
MARIE STATE OF THE		-3				,KS. 67524	
SUBSCRIBED AND S	WORN TO befo	ore me	$\frac{1}{2}$ this $\frac{71}{2}$	th day o	June June	,19 94	
	•			ene Z	Krzheig		
My Commission Ex	piros:	71	IRENE HER	CBERG	ry Public/		
			My Appt. Exp. Au			Form CP-4	

Form CP-4 Revised 05-88