STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			15-135-23,618-000C		
			Y .	WELL NUMBER 4-34 4470 Ft. from S Section Line		
office within 30 days.		660 Ft	660 Ft. from E Section Line			
LEASE OPERATOR Mustang Oil & Gas Corporation			SEC. 34 TWP	SEC. 34 TWP. 20SRGE. 25 (E) or (W)		
ADDRESS P.O. Box 1609 Great	at Bend. KS 675	30	COUNTY N	ess		
PHONE#(316) 792-7323 OPERA	TORS LICENS: NO.	5652	Date Well C	Completed 12-9-91		
Character of Well D&A	·		Plugging Co	mmenced 12-9-91		
(Olt, Gas, D&A, SWD, Input, Wa	ter Supply Well)	Plugging Co	apieted 12-9-91		
The plugging proposal was appr	oved on <u>12-6-91</u>	· .	· · · · · · · · · · · · · · · · · · ·	(date)		
by Steve Durrant			(KCC DI	strict Agent's Name).		
is ACO-1 filed? yes If		*				
			•			
Producing Formation				EIVED		
Show depth and thickness of al	l water, oi! and	d gas format	lons.	GRATION COLS		
OIL, GAS OR WATER RECORDS			CASING RECORD	N 1 0 1992		
Formation Content	From	To Size	Put in Pul	led out		
Surface		759 ' 8 5/8"	760' no	ne VATION DIVIS		
				CHITA, KS		
			_			
Describe in detail the manner placed and the method or method were used, state the charact Allied cemented w/ 60/40 Power w/ 80 sxs @ 850', 3rd plug w/	ods used in into eer of same and z w/ 6% gel, 1/4	roducing it d depth pla 4# Floceal/s	into the hole. ced, from fee x. lst plug w/	of tofeet each set 50 sxs @ 1670', 2nd p1		
plugged @ 7:00 A.M. 12-9-91						
(If additional desc		ssary, use <u>B</u>				
Name of Plugging Contractor	Val Energy		Lice	nse No. 5822		
Address P.O. Box 322 Haysvil	le, KS 67060	<u> </u>				
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	Mustano 0il	& Gas Corporat	ion		
STATE OF Kansas	COUNTY OF _		, ss			
Raford Clark			(Employee of Op	erator) or (Operator)		
above-described well, being file statements, and matters here the same are true and correct,	in contained an	d the log of	s: That I have the above-desc	knowledge of the facts ribed well as filed the		
		{Signatur	Raford Cl	ark		
		(Address)	P.O. Box 1609	Great Bend, KS 67530		
	D SWORN TO before		P.O. Box 1609 7th day of Ja	Great Bend, KS 67530		

form CP-4 sed 05-88