STATE, CORPORATION	STATE OF KANSAS STATE, CORPORATION COMMISSION 200: Colorado De by Building			S RECORD -3-117	API NI	15-047 - 00148-002 API NUMBER N/A		
: Vichita, Kamsas	67202				LEASE	LEASE NAME Groner		
!	TYPE OR PRINT NOTICE: Fill out completely					NUMBER	1	
	•	and retur office wi	n to	Coas. Div		ft. from S		
I FASE ARERATAR	Dans <b>T</b>		-			Ft. from E	Section Line	
LEASE OPERATOR						4 TWP. 25 RGE	20W (Exor(W)	
ADDRESS Box 723 Hays, Kansas 67601						Edwards		
PHONE ( 913) 628-6		LICENSE	NO	5363	W ets0	el! Completed	4-15-50	
Character of Weili Gas					Pluggl	ng Commenced	1-24-95	
(Oli, Gas, O&A, SWD, Input, Water Supply Well)					Pluggi	ng Completed	1-26-95	
The plugging prop	osal was approved	on					(date)	
by Richar	d Lacey				(K	CC District Ac	entis Name)	
is ACO-1 filed?	lf not	, is well	log	attached?		ar aran ran ng	oni's Ramey.	
Producing Formation	on	Death	to 1	Γορ	9+-	* * 0	45.00	
Show depth and thi	ckness of all wa-	ter, oil a	nd az	s formati		· · · · · · · · · · · · · · · · · · ·	4761	
OIL, GAS OR WATER					SASING RECO	סאס		
Formation	Content	From	To	Size	Put In	Pulled out		
		<del>-</del> -	-	.]	498'			
				5 1/2"	4760'	none 2656.40		
Oescribe in detail placed and the me were used, state Sanded bott	the manner in whether the character of to 4603' ran		-4-4-	cing it i	nto the ho	le. If cement	or other plug	
10 sacks g	1 50 sacks cement	and 10 s	acks	gel 100#	hulls 150	, 2030 Pumpe sacks cement 6	0/40 6% gel.	
			<del></del>	<del></del>				
Name of 81		·-						
Name of Plugging C	ontractor Mike's	Testing	& Sal	vage,Inc.		License No. 31	529	
Address P.O. Box					-	CO. D.	Lan.	
NAME OF PARTY RESPO		ING FEES:	B	erexco, I	nc.	FER	OCT MISON	
STATE OF Kansa		OUNTY OF _	Ri	ce		, ss. 96/1/6	~ 100z	
above-described wei	Mike Kelso			· (E	imployee of	Operator) on	(Onecator)	
statements, and m the same are true a	of terms of the second of the	uly sworn ntained an	on oa	ith, says:	That I had be above—d	ve knowledge lescribed well	as filed the	
!	, , , , , , , , , , , , , , , , , , ,		( S	ignature)	Mul	Mel		
!			( A	ddress)	P.O. Box 2	209 Chase, Kai	nsas 67524	
s u	BSCRIBED AND SWOF	RN TO befo				f C February		
•			· -		Sene	Zberfrei		
use only one	Commission Expir	es:	, 			ry Public		
	aive or each f			HENE HE State of M My Appt. Exp. /	(ansas	. ,	Form CP-4 evised 05-88	