STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117			API NUM	BER15	15-101 <u>20143-</u>		
200 Colorado Derby Building			•	LEASE N	<b>Аме</b> На	rlame	rt	
Wich I tagk Kansah 67202 CONSEBARLION DIAISION	TABE OF BEINT				MBER			
2 App 2 1 fur.	NOTICE: Filt out completely and return to Cons. Div.			<u> </u>	Ft. from			
					<del></del> -		•	
STATE CORPORATION COMMISSION					<u>E</u> ME. from		$\wedge$	
EASE OPERATOR Deten COLD.				SEC. 25	_TWP. 17 RG	E. 20	_(E) or (W)	
odressBox 723 Hays, Kansas 67601				COUNTY	COUNTY Lane			
PHONE ( 913 628 6101 OPERATORS LICENSE NO 5364					II Complete	d		
Character of WellOil				Pluggin	g Commenced	4	-17-92	
(Oil, Gas, D&A, SWD, input, Water Supply Well)				Pluggin	g Completed	4	-17-92	
The plugging proposat was ap			92		<b>3.</b>		•	
by								
Is ACO-1 filed?								
Producing Formation	Depth	to To	OP	Bot <u>t</u>	om1	• <u>D</u> •	7030	
Show depth and thickness of	all water, oll ar	nd gas	s formati	ons.				
OIL, GAS OR WATER RECORDS				CASING RECO	RD		<del></del>	
Formation Content	From	To	SIZe	Put In -	Pulled out			
Surfac	<u> </u>	320	8 5/8	-	None		<del></del> -i	
Casing			<u> </u>		None			
		<u> </u>						
Describe in detail the manner placed and the method or metwere used, state the charge Pump 500#hulls with 20  Pump cement to fill cas 100 sk. 150#	thods used in int acter of same ar O sk. cement fill	trodu nd de L casi	cing it i pth plac ing up to	nto the hoced, from_ 1300'P	le. If ceme feet to erf. 2 hole	nt or feet s_at_	other plug t each set 1300'	
(if additional de	scription is nece	essar	y, use BA	CK of this	form.)			
Name of Plugging Contractor_	Beren Corp.		<del></del>	·	License No.		5364	
Address <u>Bôx 723 Havs</u>	. Kansas 67601				·		·····	
NAME OF PARTY RESPONSIBLE FO	R PLUGGING FEES:		Beren Co	orp.				
STATE OF Kansas	COUNTY OF		Ellis		.55.			
Mr. Ted Crawfo	<del></del>			Fmnlovee	—' of Operator)	or (	Operator)	
above-described well, being statements, and matters he the same are true and correct	first duly sworn brein contained a	nd th d.	ath, says e log of	: That I h the above-	ave knowled	ge of	the fact	
			\$Ignature 	12 10	18/	FU L	171.1	
The state of the s	IC-State of Konsas		Address)	-59/	a Jay	My M	1.6760/	
SUBSCRYSEN/ My Appl. Exp.	ANDMITTO Det	ore m		day		<u>L</u>	,19 92	
	<u> </u>			amay	rafy Public			
My Commissi	lon Expires:	رسي	1-95		_			