STATE OF KANSAS	TYPE OR PRINT  NOTICE: Fill out completely and return to Comp. Div. office within 30 days.		15-077 - 10046 0000 API NUMBER 4-3-58			
30 S. Market, Room 2078 Vichita, KS 67202			LEASE NAME	Runny	mede	
√			WELL NUMBER 2-2.			
•			330 Ft. from & Section Line			
			330F	t, from E S	ection Line	
EASE OPERATOR Mai Oil Operations Inc.			SEC. 26 TWP. 31 RGE. 6 OF (W)			
DORESS PO Box 33 Russell, Ks. 67665-0033			COUNTY Harper			
HONE ( 785) 483-2169 OPERATORS LICENSE NO. 5259			Date Well Completed			
Character of Well SWD / ENHR D-25878			Plugging Commenced 1-12-98			
Oil, Gas, D&A, SWD, Input, Water Supply Well)			Plugging Completed 1-14-98			
The plugging proposal was appro	oved on				(date)	
у			(KCC D	istrict Age	nt's Name).	
s ACO-1 filed?	not, is well log attac	ched?				
roducing Formation	Depth to Top_		Bottom_	T.0.		
how depth and thickness of al			•			
OIL, GAS OR WATER RECORDS		CASI	NG RECORD			
Formation Content	From To SI:	z <b>e</b> Pu	† In Pu	lied out		
		3/4" 52	21			
			1660 <b>'</b> 26	30'		
escribe in detail the manner	In which the well was in	Lugged	ladicating	where the	mud fluid wa	
laced and the method or metho	ods used in introducing	otni ti p	the hole.	If cament	or other plud	
Sanded to 3301'. Bailed 7	sks cement. Shot	3000	800 . 8	2630 Pu	lled the	
pipe to 1050'. Pumped 50 Pulled to 200'. Circulate						
rest of the pipe. Hole st	ayed full.					
ame of Plugging Contractor Q	ualitv Well Service	. Inc.	Lic	ense No.	31925	
ddress 249 Beth Drive						
IAME OF PARTY RESPONSIBLE FOR I		· · · · · · · · · · · · · · · · · · ·	)peration	s. Inc.	,	
		sel(	, 5			
Allen Bangert					(Operator) o	
bove-described well, Weing fire transmission and matters here		, says: T	hat I have	know i odge	of the facts	
the same are true and correct,	so help me God.	naturo) (	/han	Bange	1	
		-das)	\$**\****	7-5-92	1031	
SURS CRIBED AND	SWORN TO before me th	)	de ale	Plandar	9 ,19 98	
יייי פיייייייייייייייייייייייייייייייי		15 Tu	Hon	reall	<del>/</del> /	
My Commission	Fynires	mu.	Notary	Public		
1105 of 11 14 of 15 of 1011	-0 K 11 G 2 1					

USE ONLY ONE SIDE OF EACH FORM

