STATE OF KAMSAS STATE CORPORATION COMMISSION

WELL PLUGGING RECORD K.A.R.-82-3-117

API NUMBER 15-165-21171-00-00

200 Colorado Derby Building Wichita, Kansas 67202					LEASE NAME Koci		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				WELL NUMBER #2 Ft. from S Section Line		
		011100		,,,,,,,		Ft. from E Section Line	
LEASE OPERATOR Frontier Oil Company					SEC. 13	SW SW SW 3 TWP- <u>175</u> RGE- <u>18W</u> (E)or(W)	
ADDRESS 1720 Kansas State Bank Bldg. Wichita, Kansas 67202						Rush	
PHONE#(316) 263-1201 OPERATORS LICENSE NO. 5140						Date Well Completed	
Character of Well Gas						Plugging Commenced 7-29-87	
(Oil, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 8-7-87	
Old you notify	the KCC Distric	t Office pr	ior to p	olugging t			
Which KCC Offic	e did you notif	y?Dis	st. #1	Dodge	City, Kar	isas	
Is ACO-1 filed?							
						romT.D37501	
Show depth and							
OIL, GAS OR WA	TER RECORDS		-	С	ASING RECO	DRD	
Formation	Content	From	To	Size	Put In	Pulled out	
				8-5/8"	1225'	none	
				4-1/2"	3740'	2144'	
Plugged off 2320', 2242	te the charac bottom with sa ', 2144', pulle	ter of same and to 3625 ¹ ed a total o	and 4	eing if i opth plac sacks ceme ints of 4-	nto the ho ed, from ent. Shot -1/2" casi	Ing where the mud fluid wa le. If cement or other plug feet to feet each set pipe @2641' 2440', ng. Plugged surface	
Plugging Co	gel, 30 cement. Moléte	<u> 10 gel, 1</u>	hull,_p	lug_and_l]	O cement,	_60/40_pos, 6%_gel	
(11	additional desc	ription is	necessar	y, use BA	CK of this	form.)	
Name of Pluggin	g Contractor	Kelso Casi	ng Pull	ing, Inc.	·	License No. 6050	
AddressP	.0. Box 347	Chase,	Kansas	67524			
STATE OF Ka	nsas	COUNTY	OF	Rice	··-	_,ss.	
Mike Kelso,	Vice-President	•		(Em	olovee of	Operator) or (Operator) o	
above-describe statements, and the same are tr	matters herein	contained (and the God.	oath, say:	s: That I e above-de	have knowledge of the facts scribed well as filed that	
•				Address)		x 347 Kansas 67524	
	SUBSCRIBED AN	D SWORN TO E	efore m -	e this 1	Dene	of August .19 87	
•	My Commission	Expires:		Signature English		AUC 1 2 1987	
				IRENE NOO State of Kar My Appt. Exp. Aug	1585	08-12-1987 Form CP-4	

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