. C.C. SCHUMACHER **NOTARY PUBLIC** My Apps. Exp. 4-15-1

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

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STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117 TYPE OR PRINT		API NUMBER 15-165-21, 328-00-16 LEASE NAME URBAN "A" 1 WELL NUMBER 1		
200 Colorado Derby Building Wichita, Kansas 67202					
	NOTICE: Fill out completely and return to Cons. Div.	990 Ft. from S Section Line			
	office within 30 days.		1650 Ft. from E Section Line		
EASE OPERATOR PARAMOUNT	SEC. 9 TWP. 165 RGE. 17W (E) or (W)				
ADDRESS P.O. BOX RIOL	HAYS KS 4	7601	COUNTY RUSH COUNTY		
HONE # (913) 628-1099 OPER	Date Well Completed 12-19-85				
Character of Well			Plugging Commenced <u>Sept 3, 91</u>		
Oli, Gas, D&A, SWD, Input, Water Supply Well)			Plugging Completed Scot 3, 91		
he plugging proposal was app	roved on <u>Sept 3</u>	1991	(date)		
NAN GOODTOW			(KCC District Agent's Name).		
is ACO-1 filed? <u>VeS</u> l	f not, is well lo	g attached?_			
•	,		Bottom <i>3552</i> T.D. <u>3589</u>		
Show depth and thickness of a	•		ons.		
OIL, GAS OR WATER RECORDS			ASING RECORD SAME AND TOTAL TOMMISSION		
Formation Content	From To	Size	Put In Pulled & YEC 0 3 1991		
		11/2	3589 2600 Ft. 12-03-1991		

Show depth and thickness of all water, oil and gas formation OIL, GAS OR WATER RECORDS Formation Content Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from_feet to__feet each set.

AS Recommended By The STATE MIXCD 5 SKS HUllS well 150 SKS OF ATL MAX pressure 900 #PSI Shut in 600 PSI (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor MARAMOUNT ENT. License No. <u>0376</u>3 Address to Box 861 HAYS, KANSAS 67601 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: PARAMOUNT ENT. COUNTY OF Ellis STATE OF $K \leq$ (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature) Konald F. Must

SUBSCRIBED AND SWORN TO before me this $2 \sim 2$ day of

My Commission Expires: 4-15-92

Form CP-4 Revised 05-88

Der .. 19 91

(Address) PO Box 861 HAYS, KANSAS 67601

STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado Derby Building Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM (File One Copy)

(This must be listed; if	MBER	(of the	his well).	tion data \		
WELL OWNER/OPERATOR	· · · · · · · · · · · · · · · · · · ·	OPERATOR'S LICENSE NO.				
ADDRESS		PHONE	E # /()			
LEASE (FARM)	WELL NO	WELL LOCATIO	onc	OUNTY		
SEC TWP RGE.	(E) or (W)	TOTAL DEPTH	PLUG BACK	TD		
Check One:						
OIL WELL GAS WELL	D & A	SWD or INJ WELL _	DOCKET NO			
SURFACE CASING SIZE	SET AT _	CEMENT	TED WITH	SACKS		
CASING SIZE	SET AT _	CEMENT	TED WITH	SACKS		
PERFORATED AT		· /				
CONDITION OF WELL: GOO	DD POOR _	CASING LEAF	k JUNK IN	HOLE		
PROPOSED METHOD OF PLUGG	ING	<u>/</u>				
	<u></u> _					
	(If additional	space is needed	use back of form.)		
IS WELL LOG ATTACHED TO	THIS APPLICATION (If no	ON AS REQUIRED? _	IS ACO-1 FI	LED?		
DATE AND HOUR PLUGGING I	S DESTRED TO BE	GIN				
PLUGGING OF THIS WELL WI RULES AND REGULATIONS OF	<i>1</i>			seq. AND THE		
NAME OF REPRESENTATIVE A	UTHORIZED TO BE	IN CHARGE OF PLA	UGGING OPERATIONS			
/	/	PHONE	# ()			
ADDRESS						
PLUGGING CONTRACTOR		LICENS	SE NO.			
ADDRESS		PHONE	# ()			
PAYMENT OF THE PLUGGING I	FEE (K.A.R. 82-3	-118) WILL BE GUA	RANTEED BY OPERAT	OR OR AGENT.		
		SIGNED:				
		(Opera	ator or Agent)			

DATE: