

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR A.L. Abercrombie, Inc.

ADDRESS R.R. 1, Box 56, Great Bend, Kansas 67530

PHONE (316) 793-8186 OPERATOR'S LICENSE NO. 5393

Character of Well SWD

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 11-94

by Duane Rankin

(date)  
(KCC District Agent's Name).

Is ACO-1 filed? Yes if not, is well log attached? N/A

Producing Formation \_\_\_\_\_ Depth to top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4335'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	Surface	0	246	8.5/8"	246	0
	Production	0	2176	4 1/2"	2176	0

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 plug were used, state the character of same and depth placed, - from foot to foot each set Pumped 125 sacks & 200 lbs. of hulls down 4 1/2" tied onto backside and pressured up to 1500 lbs. Shut in 4 1/2" at 500 lbs.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6900

Address P.O. Box 231, Claflin, Kansas 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Abercrombie

STATE OF Kansas COUNTY OF Barton, ss.

Arthur P. Strube (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 the the same are true and correct, so help me God.

(Signature) Arthur P. Strube

(Address) P.O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 08 day of December, 1994

Karlynn K. Beck  
Notary Public

My Commission Expires: 09-28-98  
USE ONLY ONE SIDE OF EACH FORM

