STATE OF KASSAS STATE CORPORATION O 130 S. MARKET, ROOM 2 WICHITA, KS 67202		WE		JGGING RECORD R82-3-117	MBER	15-101-21404~ <del>~~~</del>						
	RECEIVED	<b>~</b> 3 26 5 4			LEASE	NAME	Riley B					
1	(ANSAS CORP CO	JMM	TYPE OR PRINT			NUMBER	#1 SWD					
•	2000 FEB 22 P 2 		ınd retu	Fill out completely urn to Cons. Div. within 30 days		2310 2970	Ft. from S Section Line Ft. from E Section Line					
LEASE OPERATOR	VESS OIL CORPO		SEC.	36 TWP.	17S I	RGE.	29 (E) o (VV)					
ADDRES 8100	E. 22nd St. N., Bldg. 300	COUNT	TY LANE									
PHONE # (316) 682-15	OPERATOR'S LICE	INSE NO.		5030	Date W	ell Completed	<u>:</u>	3/10/88				
Character of Well SWD					Pluggin	g Commenced	d <u>2/4/00</u>					
(Oil, Gas, D&A, SV	VD, Input, Water Su	g Completed	<u> </u>	2/4/00								
The plugging proposal was	• • • • • • • • • • • • • • • • • • • •	000				···			(date)			
by David Williams							(KCC Dist	rict Agent'	s Name)			
Is ACO-1 filed? NO	If not, is well log atta	iched?	na									
Producing Formation	Cedar Hil	Depth to Te	ор	1720		Bottom	1820	T.D	4633			
Show depth and thickness of all water, oil and gas formations.												
OIL, GAS OR WATER RE	CORDS			Casing Record								
Formation	Content	From	То	Size		Put in	Pulled out					
				8-5/8" 5-1/2"		375 4632						
	2150' w/150 sx; 1320 w/15	0 sx; 760' w/200	) sx	5-1/2		4032						
pumped 100 sx down 8-5/8" and 5-1/2" annulus  Describe in detail the manner in which the well was plugged, indicating where the mud fluid was												
	thod or methods us		•		_			,				
were used, state th	ne character of sam	e and depth	n plac	ced, from fe								
	w/200# hulls; 50 sx 60/40 P el. Max pressure - 500#. S											
	Pressured to 500# and h											
(If add	itional description is necess	sary, use <u>BACK</u>	of this	form.)								
Name of Plugging Contract	ctor Swift Se	ervices, Inc.					License N	o				
Address P.O. Box 466, Ness City, KS 67560												
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ken Rupp												
STATE OF KANS	SAS	COUNTY	OF	SEDGWICK			, ss.					
Pat Canada			• '	ployee of Opera	·=							
	vell, being first duly							icts,				
	atters herein contair and correct, so help		iog o	the above-des	scribed	well as file	tnat					
the same are tide	and correct, so help	(Signature	)		Ulu	ede	1					
		(Address)		8100 E. 22nd St. N. Wichita, KS 67226	Bldg. 300				1 1			
SUBS	ry	2000										
		Ą	MICHE	LLE D. HENNING	un.	Notary Public	nn	<del></del>	Form CP-4			
My Co	mmission Expires:		M	OTARY PUBLIC					Revised 05-88			



CHARGE TO: 1/255 0/C	CORP.
ADDRESS	
CITY, STATE, ZIP CODE	/ 5

TICKET Nº 1918

PAGE OF	

Sen	ices,	inc.	i			y/chia no								<u>'</u>	/	
SERVICE LOCATIONS  1. Research	City	WELL/PROJECT NO.		LEA	SE /.	ey "B"	COUNTY/PARISH Lane	STATE KS	CITY			DAT	E 2-4-200	- 1	NER Same	
Z. TICKET TYPE CONTRACTOR  SERVICE  SALES						7	RIG NAME/NO.		DELIVERED T	Di	ghton		DER NO.			
4.		WELL TYPE	ما			regory Jobs	PURPOSE P. T. A		WELL PERMIT	NO.		WEL	L LOCATION			
REFERRAL LOCATION		INVOICE INSTRUCTI	IONS													
PRICE REFERENCE		RY REFERENCE/ NUMBER	LOC	ACCOUNTING ACCT	DF		DESCRIPTION		QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
575						MILEAGE 104	•		35	mg			2	00	7°	00
576						Pump Cha	uge		/	EA				<u> </u>	450	
8s <u>8</u>						60/40	6 % Let		150	كتاك				55	832	150
275					<u> </u>	Cotton seed	Hulls		5	242			15	2	75	100
581					<u> </u>	Bulk Ser	vico Charge		380	)			/	$\infty$	300	$\infty$
583	- LO				_	Drayage			449	93	TONA	np		75	337	144
	30 5 %				<u> </u>											<u> </u>
	P		<u> </u>		_							<u> </u>				<u> </u>
	E				<u> </u>					<u> </u>				<u> </u>		 <del> </del>
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a s	10											! }		ļ .		<u> </u>
					<u> </u>				<u> </u>		or I UN-	T DIS-	<del></del>	1		ا <del>ا م .</del>
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,				ī	REMIT PA	SURVEY AGREE DECIDED AGE OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					PAGE TOTAL		2064	74		
but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.			d l	CIMIET OF	DVICES INC	WE UNDERSTO MET YOUR NEE OUR SERVICE V	DS?									
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO					1		RVICES, INC.	PERFORMED W								
START OF WORK OR DELIVERY OF GOODS						3OX 466	WE OPERATED AND PERFORMI CALCULATIONS SATISFACTORIL	ED JOB				TAX		101	13	
DATE SIGNED, TIME SIGNED EFA.M.			-		Y, KS 67560	ARE YOU SATIS		SERVICE	? □ NO		<del> </del>		7-1			
-2-4-2000 O900 P.M.			_	785-798-2300			USTOMER DID NOT WISH TO RESPOND				TOTAL		2166	13		
		CUSTOME	R ACC				S : The customer hereby ackr	jowledges receipt of	the materials a	ind şervi	ces listed on t	his ticket:		Mary.		
SWIIT OPERATOR	enn			AP	PROV	AL .									Thank?	You!