STATE OF KANSAS STATE CORPORATION 200 Colorado Dei Wighita, Kansas

WELL PLUGGING RECORD

PΙ	NUMBER_	15-165-2	1,298 -000
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STATE CORPORATION COMMISSION	K.A.R82-3-117		M1 1 1101101	LEASE NAME Young WELL NUMBER 3				
200 Colorado Derby Bullding	TYPE OR PRINT							LEASE NAI
Wichita, Kansas 67202								WELL NUM
NO	NOTICE: FILL OUT		completely	Ft. from S Section Line				
	and return office with	to Co In 30	ns. Div. days.					
	011100 2111	•	·			Section Line		
LEASE OPERATOR J.A. Allisio	n					. 18W (& Lor (W)		
200 W Douglas Suite	2 COUNTY _	COUNTY Rush						
ADDRESS 300 W. Douglas services	C L LCENSE NO	5	027	Date Wel	Completed			
PHONE#(316) 263-2241 OPERATOR		Plugging Commenced 11-19-90						
Character of Well Oil								
(Oll, Gas, D&A, SWD, Input, Water	Supply Well)				12-3-90		
The plugging proposal was approve	d on					(date)		
by			•	(KCC	District A	gent's Name).		
ьу								
is ACO-1 filed?If no	t, is well i	og at	таспец:		·	38/21		
Producing Formation	Depth	to To	P	Botto	m	0		
Show depth and thickness of all w	ater, oll an	nd gas	formatic	ons.				
	1		CA	ASING RECOR	D			
OIL, GAS OR WATER RECORDS								
Formation Content	From	1		l l	tuo, belluq			
			8 5/8"	1265' 3840'	none			
			5 1/2"	3840'	2518'			
Describe in detail the manner in	which the we	all wa	s plugge	i, Indicati	ng where th	e mua fluid wa it or other plug		
nlaced and the method or methods	4364 111 111			-4 6com	feet to	feet each set		
were used, state the character Sanded botto	m to 3790	ran	5 sack	s cement.	Shot pip	e @3000,		
2000! 2700!	- 2600' A	SOTO	. MIXC	u 30011 110		el, 50 sacks		
10 gel, 100								
(if additional descrip	otion is nec	essar	y, use <u>BA</u>	CK of This	TOFM.)			
Name of Plugging Contractor Ki	ELSO CASING	G PUI	LING. I	NCL	.icense No	6050		
Address P.O. Box 347 Chase	e. Kansas	6752	2 4	·				
Address P.O. BOX 14, Charles			.т А.	Allision				
NAME OF PARTY RESPONSIBLE FOR PL	AGGING LEES:							
STATE OF Kansas	_ COUNTY OF		Rice		_, \$5•			
R. Darrell Ke	elso		(Employee of	Operator)	or (Operator) o		
above-described well, being first statements, and matters herein	t duly sworn	on o	ath, says	; That I ha	iva knowieus iascribed w	all as filed the		
statements, and matters herein the same are true and correct, so	contained a help me Go	d.	e jog o	m I	31.1			
) 113112510	Signature N	1/11M	2hr			
11 7A 3	12-7-90	(Address)	P.O. Bo:	x 347 Chas	se,KS. 67524		
	PEA PLAN	144				,19 <u>90</u>		
SUBSCRIBED AND		OLA W			An	alexa m		
	All the second of the second o			Not	ary Public	y con		
My Commission E	xpires:	TARY ALE	IRENE HERZ State of Ka	DEKI:		I .		
Hy Commission a		ANSAS	Ny Appt. Exp. Aug	. 24, 1993		Form CP-		

Revised 05-88