STATE OF KANSAS STATE, CORPORATION COMM	HISSION	WELL PLUGGING RECORD K.A.R82-3-117			API NUME	BER_15:135-21655:0001	
200 Colorado Derby Bui Nichita, Kansas 67207	liding REDeeinn	ON				LEASE NAME CARLSON	
Wichita, Kansas 6720 RECEI	ION COMMISSION	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			WELL NUM	WELL NUMBER #1	
STATE CORPOR	NOTICE 999 and				330	330 Ft. from S Section Line	
17/1 - 0 d Stille Allilli 30 days.						_ Ft. from E Section Line	
LEASE OPERATOR CONSTRUCTION DIVISION ADDRESS P.O. Box 1471. Great Bend. KS 675.30					SEC. 6	SEC. 6 TWP. 165 RGE. 26 () or (W)	
ADDRESS P.O. Box 1471, Creat Bend, KS 67530					COUNTY	Ness	
PHONE#(316) 792-6960 OPERATORS LICENSE NO. 5538					Date Wel	Re-Completed Xampleted 8-25-88	
Character of Well <u>Oil</u>					Plugging	Commenced <u>12-21-88</u>	
(OII, Gas, D&A, SWD, I	nput, Water Sug	pply Well)		Plugging	Completed <u>12-21-88</u>	
The plugging proposal	was approved or	n	1	December	21, 198	g (date)	
by <u>Carl Goodrow</u>					(KC	C District Agent's Name).	
Is ACO-1 filed?	If not,	is well !	log a	ttached?			
Producing Formation <u>C</u>	ner&Ft. Scott	;Depth	to To	op <u>4434</u>	Botto	om <u>4478'</u> T.D. <u>4512'</u>	
Show depth and thickne	ss of all water	r, oil an	nd gas	s formatio	ons.	•	
OIL, GAS OR WATER REC	ORDS	<u>L</u>		C/	SING RECOF	RD	
Formation Con	tent	From	То	Size	Put In	Pulled out	
				8 5 / 8 "		None	
				4 1/2"	4610	_None	
placed and the method were used, state the	i or methods use character of	d in int same an	troduc	cing it in pth place	ito the holed, from	ing where the mud fluid ie. If cement or other pl feet tofeet each s cement, followed w/l	
sks. ATL Cmt Pi	ressured up t	o 800 I	PSI.	Pumped	25 sks.	ATL cement on backsi	
of 4 1/2"casing -	8 5/8" Annul	us - 10	00 P	SI.	···· -,····· ···· ·····		
(If additio	onal description	n is nece	ssar	y, use BAC	CK of this	form.)	
Name of Plugging Contr	actor TomKa	t, Ltd.	<u> </u>			Icense No.	
Address <u>B.O. Box</u>	x 1471, Great	Bend.	KS	675.30			
NAME OF PARTY RESPONSI	BLE FOR PLUGGI	NG FEES:	To	mKat, Lt	d.	<u> </u>	
STATE OF Kans	sas cou	INTY OF _	Ba	rton		_, ss.	
Dan Murta, TomPabove-described well, statements, and matt	being first dul ters herein cont	tained an	id the	ath, says: a log of 1	That I ha	f Operator) or (Operator) eve knowledge of the factoribed well as filed to	
			(/	Address}	P.O. Bo	x 1471, Gt. Bend, KS	
SUBSC	CRIBED AND SWORM	N TO befo				675 30	
				Can	ly .	ny PublicShoemaker	
CADOLVAL GALOCEN	WEDGELON EVNICE	7 <u>-</u> 9.	-90	Caroly	$n \mid \int Not a$	ry PublicShoemaker	

CAROLYN SHOEDTAKERS SION Expires: 7-9-90
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-9-90

Form CP-4 Revised 05-88