STATE OF KANSAS STATE CORPORATION COMMISSION		ING RECORD 82-3-117	API NUN	API NUMBER Comp. 1-21-57  LEASE NAME Spacil		
130의명. Îlarket, Room 2078 Wichita, 라양 67202	•		LEASE N			
	TYPE OR PRINT  MOTICE: Fill out <u>completely</u> and return to Cons. Div.		WELL NO	WELL NUMBER		
			iv. <u>363</u>	3630 Ft. from S Section Line		
•	office with	ila 30 days.	1650	1650 Ft. from E Section Line		
LEASE OPERATOR ZENITH DRILLING CORPORATION				SEC. 28 TWP. 20S RGE. 12W (E) or W		
ADDRESS P.O. Box 780428 Wichita, Kansas 67278-0428				COUNTY Barton		
PHONE#( 316) 684-9777 OPERATORS LICENSE NO. 5141				Date Well Completed		
Character of Well <u>Oil</u>				Plugging Commenced 5-9-01		
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed 5-10-01		
The plugging proposal was appro	ved on				(date)	
by	Ja	y Pfeifer	(KC	C District Agen	it's Namo).	
Is ACO-1 filed?If		og attached	1?			
Producing Formation	Oapth	to Top	8att	omT.D	3442'	
Show depth and thickness of all						
OIL, GAS OR WATER RECORDS	1		CASING RECO	MANCAC CODO	ORATION COMMISSIC	
Formation Content	From	To Size	Put In	Pulled out MAY	2 3 2001	
		8-5/8	253	None		
		4-1/2	3415	None CONSERV	<del>'ATION DIVIS</del> ION	
Describe in detail the manner I	n which the we	ll was nig	nged. Indicat	ing where the m	ud fluid	
- alaced and the method or metho	ds usad in int	roducina i	t into the ho	io. It coment o	er other pi	
vere used, state the character. Plugged off bottom with sand to	<b>er of same an</b> n 3350' and 4 s	ks. cement.	Ran 1200'	of tubing, perfo	orated	
Plugged off bottom with sand to well @1200' and 600', pumped 2	10 sks. cment w	7/500# hulls	s, didn't cir	culate, pumped l	85 sks.	
cement w/200# hulls and circula	ited to surface	. 6U/4U pos	. IUZ gel P	lugging Complete	· ·	
		•				
Name of Plugging Contractor M	ike's Testin	g & Salva	ge, Inc.	_License No. <u>315</u>	529	
Address P.O. Box 467	Chase,	Kansas 6				
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:	Zenith	n Drilling Co	rporation	·	
STATE OF Kansas	COUNTY OF _	Rice		, 35.		
Mike Kelso	)		(Employee	of Operator) or	(Operator)	
above-described well, being fir statements, and matters here!	ne benistnos ni	id the log i	ays: That I n of the above-	described well	as filed to	
the same are true and correct,	so help me God	l. '(Signat	ure) 1/2/2	Dela		
		(Addres	s) P. O. Box	467 Chase, KS	67524	
SUBSCRIBED AND	SWORN TO befo				XXX 2001	
		,	Jaine	+ unline	1	
My Commission	Expires: F	goldey. IDENIE	No.	tary Public		
ny Committee on	-7777	S at	of Kansas Exp. Aug. 24, 2001		Form CT	

Revised 05-