ATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202.

Character of Well _____

OIL, GAS OR WATER RECORDS

LEASE OPERATOR TRI-J TUBULARS, INC

ADDRESS_125 N. MARKET, SUITE # 1532

PHONE # (314) 244-1144 OPERATORS LICENSE NO. 30208

WELL PLUGGING RECORD K.A.R.-82-3-117

TYPE OR PRINT							
IOTICE:	FIII	out	comple	tely			
			Cons.				
offl	ice wi	thin	30 day	/S.			

API NUMBER 15-135-23,179-060
LEASE NAME HORCHEM C'
WELL NUMBER #/
Ft. from S Section Line
Ft. from E Section Line
sec. 3/ twp. 175 RGE. 23 (X) or (W)
COUNTY NESS
Date Well Completed $\frac{12/8/87}{}$
Plugging Commenced $\frac{2/19/90}{}$
Plugging Completed $\frac{2/(9/90)}{}$
<u>(date)</u>
(KCC District Agent's Name).

(Oil, Gas, D&A, SWD, Input, Water Sup	pply Well)	Plugging	Completed _	2/19/90
The plugging proposal was approved or	<i></i>	16 1/ 1990		(date
hy Richard Lacy	J	(KCC	District Ag	jent's Name)

			1							
ls	A CO - 1	flled?	yes	_l f	not,	İs	well	log	attached?	

Producing Formation Miss Cherokee Depth to Top 4390 Bottom 4419 T.D. 4422

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

Formation	Content	From	То	Size	Put In	Pulled out	
	85/8"	2	- 233 - 444	23#	2-33	0	
			_	7			
				_l	_l	l ting where the m	ud fluid w

CASING RECORD

Describe in detail, the manner in which placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.

(If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Haliburton Services License No. P.O. Box 951046 Dallas, Tx. 75395

Sedgwick STATE OF K27525 COUNTY OF ___

(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 wall as filed that the same are true and correct, so help me God.

SUBSCRIBED AND SWORN TO before me this My Commission Expires:

