		•		TMB·KCC	
STATE OF KANSAS STATE CARPORATION COMMISSION 200 Coforado Derby Building Wichita, Kansas 67202	WELL PLUGGING RECORD  K.A.R82-3-117		API NUI	○77 API NUMBER 15-207-21,138.000	
			LEASE 1	LEASE NAME Kinser	
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.		. WELL NI	WELL NUMBER 2	
				Ft. from S Section Line	
			440	Ft. from E Section Line	
LEASE OPERATOR KBW 0il & Gas Company				TWP.32 RGE. 9 XKKXXK(W)	
ADDRESS P.O. Box H. Bethany, OK 73008			COUNTY	COUNTY Harper	
PHONE# (405) 789-0178 OPERATORS LICENSE NO. 5993				ell Completed	
Character of Well Good				ng Commenced <u>2-24-97</u>	
(OII, Gas, D&A, SWD, Input, Water Supply Well)			Pluggin	ig Completed 2-28-97	
The plugging proposal was approv	ved on2_2	4-97	•	(date	
by <u>Woolrly</u>		· · · · · · · · · · · · · · · · · · ·	(K)	CC District Agent's Name).	
Is ACO-1 filed? yes If	not, is well i	og attached?	yes		
Producing FormationN/A	Depth	†o Top <u>2777</u>	Bott	om_2779 T.D. 3087	
Show depth and thickness of all			* - +		
OIL, GAS OR WATER RECORDS			CASING RECO	DRD	
Formation Content	From	To  Size	Put In	Pulled out	
Content	rr om	11.0		Pulled out	
		8 5/8 5½	239 3087	None 1950	
Describe in detail the manner in placed and the method or method were used, state the characte	is used in int r of same an	roducing it d depth pla	into the ho ced, from_	le. If cement or other pi	
Lay down rods and tubing, sand we stretch and cut casing at 1950, 1					
35sx, pull tubint to 871 and spot	35sx, pull to	ubing to 280 :	and circula	te cement to surface.	
(If additional descr	ption is nece	ssary, use B			
Name of Plugging Contractor <u>Cla</u>	rke Corporatio	on		License No. 25105	
Address P.O. Box 187, Medicine	Lodge, KS 67	104		33 32	
NAME OF PARTY RESPONSIBLE FOR PI	UGGING FEES:	KBW Oi	1 & Gas Com	pany 5 SS	
STATE OF Kansas	COUNTY OF _	Barber		_,ss. 7 30 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Alan Vratil			(Employee o	of Operator	
above-described well, being first statements, and matters herein	contained an	d the log of	s: That I h the above-	ave knowledge of the fac described well as filed	
the same are true and correct, s	o help me God	• (Signature	, Jun	Vale	
GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 10/14/48	•	(Address)	Medicine	Lodge, KS 67104	
SUBSCRIBED AND	SWORN TO befo	re me this	7 day	of <u>March</u> , 1997	
		Alons	2 Mou	van	
My Commission F	vnires 10/	14/98	∠ Not	ary Public	