STATE OF KANSAS STATE CORPORATION COMMISSION W

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

200 Colorado Derby Building Wichita, Kansas 67202					I CASE N	LEASE NAME Roger			
Wicilla, Kansas	TYPE OR PRINT				WELL NUMBER 1				
		NOTICE: Fill out completely				4620' Ft. from S Section Line			
		and return to Cons. Div. office within 30 days.							
				-		Section Line			
LEASE OPERATOR	Graves Drill	ing Co., Inc.	·	<u> </u>	sec. 36	_TWP31sRGE	. <u>13 /(E/</u> /6/ (W) <sup>©</sup>		
ADDRESS P. O. Box 8250, Wichita, KS 67208					COUNTY	Barbe	er		
PHONE# (316) 687-2777 OPERATORS LICENSE NO. 5428					Date We	II Completed	9/13/94		
Character of Well D&A					Pluggin	g Commenced	9/13/94		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)					Pluggin	g Completed _	9/14/94		
The plugging prop	oosal was appr	oved on	Sep	tember 1	3, 1994		(date)		
bySteve Durrant									
is ACO-1 filed?	yes If	not. Is well	log a	ttached?		·			
Producing Formati	on	Depth	to T	 0.0	Botte		) <u>-</u>		
Show depth and th	ickness of al	l water oil a	nd da	s formati	0.0.5 -	· ···			
OIL, GAS OR WATE			<b>.</b> g.		ASING RECO	חם	·		
Formation	Content Surface	From O	To 463	Size 8 5/8	Put in 463	Pulled out none			
\ <del></del>				<u> </u>	<u> </u>	\			
Describe in detai	1 the manner	In which the w	ell w	as plugge	l <u> </u>	ing where the	mud fluid wa		
placed and the m were used, state	ethod or metho e the charact	ods used in in er of same a	trodu nd de	cing it io pth plac	nto the ho ed, from_	le. If cement _feet to	t or other plug feet each set.		
P&A as follo	ws: 40sx @ 6	0', 50sx @ 49	0', 10	Osx @ 40'.	. 10sx in r	athole (tota	1 110ev)*		
of 60-40 poz	, 6% gel. Con	mplete @ 1:30	AM on	9-14-94.					
(If ad	ditional descr	iption is nec	essar	y, use <u>BA</u>	CK of this	form.)			
Name of Plugging	Contractor	Pickrell Dril	ling (	Do., Inc.	<u> </u>	lcense No	5123		
Address	P. 0. Box 130	3, Great Bend	, KS	67530					
NAME OF PARTY RES	PONSIBLE FOR F	LUGGING FEES:	_Grav	es Drilli	na Co., Ir	C.			
STATE OF	Kansas	COUNTY OF		Sedgwick	ξ	_,ss.			
•	Fredrick W. S	Stumo		(1	Employee of	- f Onerator) o	or (Operator) o		
above-described w	ell, being fir	st duly sworn	on oa	oth, says:	: That I ha	ve knowledge	of the facts		
statements, and the same are true			d.		1	Jescribed wei	()		
			٠,	. įnature)	<del></del>	uch W C	himp		
			C/	(ddress	P. O. E	80x 8250, Wic	hita 67208		
	SUBSCRIBED AND	SWORN TO bef	ore me	+ th Is			,19 94		
NOTARY	FREEMAN PUBLIC		_	_[]NY	1111/11/11	COMM ZIOY	20m)		
My Appt. Exp.	KANSAS My Commission	Expires:	6/9/	′98 // `	UCI 8°5°	1994 10-5-94			
						11,7~ >~14			

CONSERVATION DIVISION WICHITA KANRAR

Form CP-4 Revised 05-88