=	L	L	P	L	.U	GG		1	NG			R		COR		RD	D
		K.	A		R		-	8	2	-	3	_	1	1	7		

API	NUMBER_	15-007-21,470-00	-00
	_		

STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	· K.A.R.	-82-3	-117		API NUMBER 15-007-21,470-00-00 LEASE NAME LENKNER WELL NUMBER C-1				
	TYPE O	R PRI	NT	WELL NO					
	OTICE: FIII								
	office wit				Ft. from S Section Line				
					Ft. from E Section Line SE NE				
LEASE OPERATOR GOULD OIL, INC.				SEC.4	TWP. 31SRGE. 15 (AEXXXX (W)				
ADDRESS 110 NORTH MARKET WI		COUNTY BARBER							
PHONE#(316) 265-5523 OPERATO	RS LICENSE N	D	5298	Date We	Date Well Completed				
Character of Well OIL				Plugglr	ng Commenced 12-4-91				
(OII, Gas, D&A, SWD, Input, Wate	or Supply Wel	1)		Pluggin	g Completed 12-11-91				
The plugging proposal was approv	ed on	DEC.	10, 199	1	(date)				
by RICHARD LACEY				(KC	CC District Agent's Name).				
Is ACO-1 filed? VFG If r									
Producing Formation FMPORTA					and the second s				
Show depth and thickness of all									
OIL, GAS OR WATER RECORDS				CASING RECO	DRD BECEIVED				
Formation Content	From	To	SIZO	Put In	Pulled out				
	<u> </u>	265	8 5/8	265	O DEC 2 3 1991				
	0	4568		4568	1893FT 45 JTS.				
				9	A CONTRACTOR				
Describe in detail the manner in placed and the method or method were used, state the characte SET PLUG AT 3000 FT, PUMPER	ds used in in	trodu nd de	cing it	into the ho	ole. If cement or other plu				
1893 FT, 45 JTS. TOP HOLE PLUG: 3 SX HULLS,	10 CY CET 50	SX C	EMENT 1	O SY CET. 1	100# HITLS 8 5/8 PLIG				
100 SY CEMENT 40-60-POZ	6% GET. MAX	PRES	SURE: 50	0 # TSTP:2	200# -				
lif additional descr	iption is nec	essar	y, use B	ACK of this	s form.)				
Name of Plugging Contractor Pl	RATT WELL SER	VICE,	INC.		License No. 5893				
Address P O BOX 847 PRATT,	KS.								
NAME OF PARTY RESPONSIBLE FOR PI	UGGING FEES:		GOULD OI	L, INC.					
STATE OF KANSAS	COUNTY OF		PRATT		, ss.				
JUDY BERRY				(Employee o	PLUGGING CONTRACTOR OF MANAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
above-described well, being firs			ath, say	s: That I h	ave knowledge of the fact				
statements, and matters herein the same are true and correct, s			e log of	the above-	described well as filed th				
The same are frue and correct, s	so herp me do		Signatur	e) Gudi	Derru				
		(Address)	PWA.	Anci.				
MOTARY PUBLIC - State of Wansacr I BED AND	SWORN TO bef			2014 day	of Age. ,199/				
My Appt. Exp. 02/06/93	: 1	_	Hacos	Thy M	1. Luguson				
My Commission I	Expires:	1. 6	1 199.	3/ 101	tary Public				

Form CP-4 Revised 05-88