	RECEIVED					1	
STATE OF KANSAS)	N WELL PLUGGING RECORD K.A.R82-3-117 TYPE OR PRINT			API NUM	BER 15-007-227140	
STATE CORPORATI	on commission of 1293 0 2002					LEASE NAME MOTHUS WELL NUMBER	
Wichita, KS 6720							
GONGERVATION DIVISION NOTICE: FILL OUT COMPLETELY WICHITA, KS and return to Completely						2080 Ft. from M Section Line	
Balance of the second	The second of th	ffice vi	thin 3	days.			
-1	Thorough by sail K)sca.				Ft. from E Section Line	
	horough bred F				` <u></u>	TWP.315 RGE. 10 (E) 0 (W)	
ADDRESS 8100 E 22 rd St. N. Bldg. 600 Ste. F PHONES 316) 685 1512 OPERATORS LICENSE NO. 31514						COUNTY Barber	
		LICENSE	۷Ö `	31514		11 Completed 10-14-02	
Character of Well Dry					Pluggin	g Commenced 10-14-02	
(OII, Gas, D&A, SWD, Input, Water Supply Well) PI					Pluggin	g Completed 10-14-02	
The plugging pro	posal was approved (on	10	<u>-11-02</u>		(date)	
by Steve Pfaifer							
Is ACO-1 filed?	YLD If not,					•	
						omT.D	
	hickness of all water						
		er, 011 .	and ga		•		
OIL, GAS OR WAT	ER RECORDS			<u> </u>	ASING RECO	RD	
Formation	Content	From	To	Size	Put In	Pulled out	
•				प्रठाष्ट्र	355′		
Describe in deta	il the manner in wh	ich the	-	as plugge	d, Indicat	ing where the mud fiuld wa	
placed and the were used, stat	method or methods us te_the character o	sed in id f same a	ntrodu and de	cing it i	nto the ho ed, from	ie. If cament or other plug feet to feet each set	
POA W/SOS	(0.3700; 50sx6), <u>300</u> 0	· · · · · · · · · · · · · · · · · · ·	an 63	5 8 47	z# w/s bashets	
	XIN RH. Filled -		000	70 Stc	v +u cc u	JISONSK GILLIASI H	
	·		·				
Name of Plugging	ContractorAllied	Cem	enti	ine (O.	License No.	
Address P.O. Bo	X31 Russoll	K.S		1665			
MAME OF BADTY DE	SPONSIBLE FOR PLUGG	INC FEES			red As	sovietas 111.	
Ж о -	0 - 0		\sim	dewid	· lu	scracky /co	
STATE OF YUN	COOII	OUNTY OF		CASTOR		, \$5.	
above-described	well, being first d	uly swor	n on o			of Operator) or (Operator) of expension of the facts	
statements, and		ntained	and th			described well as filed the	
ing squagratic	e and correct, so m	erp me G		Signature	, for	W Or	
•			(Address)	8100 E2	and St NBldg 400	
	SUBSCRIBED AND SWO	RN TO be			Dichie	COC61, 1920 to	
				Ka	· IM		
				160	Not	ary Public	
4	My Commission Expi						

KARRI WOLKEN
NOTARY PUBLIC
STATE OF KANSAS
NY APPL EXP. 51504

Revised 05-8: