STAT	E OF	KANS	AS		
STAT	E COR	PORA	TION	COMM	ISSION
200	Cotor	ado	Derby	Bu 1	lding
Hich	ita.	Kans	as 6	7202	_

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

TYPE OR PRINT NOTICE: Fill out completely

The second secon
<b>\</b>
AP I NUMBER 007-20-367-8
LEASE NAMEMinnie Smith
WELL NUMBER 1 100-E of C CN2 Ft. from S Section Line
NW Ft. from E Section Line
SEC.18 TWP.30S RGE.13 (E)or(W)
COUNTY Barber
Date Well Completed 8-23-85
Plugging Commenced 9-20-89
Plugging Completed 9-27-89
is well? yes
X Comments
Bottom T.D. 4772
SINC RECORD
SING RECORD
Put In Pulled out
NA NA
4770 3100
to the hole. If cement or other plugs od, from feet to feet each set. 1-50- Cament 10 Jell
o pump
rter and John Swinford on location K of this form.) We have
License No. 5105000 MANAGERAN
SEP 2 8 1989
CONSERVATION DIVISION of the lacts,
loyee of Operator) or (known allows) of
: That I have knowledge of the facts,

	and return to Cons. D office within 30 days	
•	·	
LEASE OPERATOR CMX		SEC.18 TWP.30S RGE.13 (E)or(W)
ADDRESS 1026 Union Center	Bldg. Wichita, Ks 672	202 COUNTY Barber
PHONE (316) 267-6065 OPER	ATORS LICENSE NO. 5255	
Character of Well Oil		Plugging Commenced 9-20-89
( <u>OII,</u> Gas, D&A, SWD, Input, W	ater Supply Well)	Plugging Compteted 9-27-89
Dld you notify the KCC Distri	ct Office prior to pluggin	g this well? yes
Which KCC Office did you not!	fy? Dodge City	1000 B
Is ACO-1 filed? X I	f not, is well log attache	002 X
Producing Formation	Depth to Top	BottomT.D. 4772
Show depth and thickness of a	•	
OIL, GAS OR WATER RECORDS		CASING RECORD
Formation Content	From To Size	Put In Pulled out
	8 5	NA NA
	5	1/2 4770 3100
Jescribe in detail the manner placed and the method or met	In which the well was plu hods used in introducing !	igged, indicating where the mud fluid was I into the hole. If cement or other plugs
were used, state the charac	cter of same and depth p	laced, from feet to feet each set.
sand from 4720 to 4500 1-Hm11- 8 5/8 plug 100s	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	BU pump
(If additional des	cription is necessary, use	BACK of this form.)
Name of Plugging Contractor	Clarke Corn	License No. 57 MR.
Address Box 187 Medicine	Lodge, Ks 67104	Pitter and John Swinford on locat:  BACK of this form.)  License No. 51030 E
	_	
		Wichita W Division
Elmo R. Morge	enstern	(Employee of Operator) or (Opperator) of says; That I have knowledge of the facts,
statements, and matters here!	n contained and the log of	the above-described well as filed that
the same are true and correct	, so help me God. (Signat	ure) Elm 9771 orgenten
	_ {Addres	s) Medicine Lodge, Ks 67104
CAREDA SCRUPCE DELA	D SWORN TO before me this	
My Appl. Exp.	×	De O Wingham
My Commission	n Fynires: Tom- 21 100	Motary Public
ny comm13310	n Expires: June 21, 199	

My Commission Expires: June 21, 1991