STATE OF KANSAS
STATE, CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

15-007-10343-0000

API NUMBER Deilled 6-17-56

Revised 07-86

| diculta, Kansas 67202 | LEASE NAME_George |
|---|---|
| TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days. | WELL NUMBER 2 |
| | -SW,NE,NW ^{Ft} from S Section Line |
| | Ft. from E Section Line |
| LEASE OPERATOR Graves Drilling Co. | SEC. 26 TWP.33 RGE. 14 (E/) (W) |
| ADDRESS 151 N. Main Swite 850 wichita Ks. 67202 | COUNTY Barber |
| PHONE (316) 265-7233 OPERATORS LICENSE NO. 5422 | Date Well Completed 6-17-56 |
| Character of Well Gas | Plugging Commenced 8-8-88 |
| (OII, <u>Gas</u> , D&A, SWD, ['] Input, Water Supply Well) | Plugging Completed 8-8-88 |
| oid you notify the KCC District Office prior to plugging thi | s well? Yest |
| which KCC Office dld you notify? <u>Dodge City,Ks</u> . | |
| ls ACO-1 filed?If not, is well log attached? | |
| Producing Formation Depth to Top | |
| Show doubt and Abitations a AMALL water attended to the | |
| OIL, GAS OR WARDEROODS CAS | ING RECORD |
| 6/4. | ut in Pulled out |
| | 280 0 |
| constant the manner in which the well was ninged | 4905 0 |
| escribe in detail the manner in which the well was plugged, | Indicating where the mud fluid wa |
| ·laced and the method or methods used in introducing it int | o the hole. If cement or other plug |
| ere used, state the character of same and depth placed | |
| Set C. J. B. 4800 - Dump 2 sacks cement Dump Bailer - Run Tubi cement - 1 Pump in 100 sacks down surface | IIQ CO 750 Fillip III 75 Sacks |
| ** | |
| Bob Miller - Flmo Morgenstern on Location (41 additional description is necessary, use BACK | of this form.) |
| ame of Plugging Contractor <u>Clarke Corporation</u> | License No.5105 |
| ddress187 Medicine Lodge, Ks. 67104 | |
| TATE OF Ks. COUNTY OF Barber | ,55. |
| 15-01 | · · · · · · · · · · · · · · · · · · · |
| bove-described well, being first duly sworn on oath, says: | oyee of Operator) or (Operator) o That I have knowledge of the facts |
| tatements, and matters herein contained and the log of the he same are true and correct, so help me God. | above-described well as filed tha |
| (Signature) | Slar A Moral San |
| A NOTARY PUBLIC - State of Kassas (Address) | |
| My Apple Tis scripton and SWORN TO before me this | day of August ,1988 |
| O The | Notary Public |
| My Commission Expires: _\uno \lambda 1991 | |
| • | Form CP-4 |