, STATE OF KANSAS 'STATE CORPORATION COMMISSION	WELL PLUGGING RECORD K.A.R82-3-117			D AP	API NUMBER 15-007-21,855	
200 Colorado Derby Bullding Wichita, Kansas 67202				ŁE	Așe NAME Andrews	
	TYPE OR PRINT			WE	LL NUMBERl	
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				lу	OT LOCATION C NE SW	
				\$E	c. 11 twp. 34 Sage. 12 MEXIX KAN	
LEASE OPERATOR Dunne-Gardner Petroleum, Inc.					UNTYBarber	
ADDRESS Suite 250, 200 W. Douglas Wichita, KS 67202					te Well Completed 7/18/8	
PHONE # (316) 265-1611 OPERATORS LICENSE NO. 5426				PI	ugging Commenced $7/18/8$	
Character of Well $D \& A$ (OII, Gas, D&A, SWD, Input, Water Supply Well)					ugging Completed $7/18/84$	
Did you notify the KCC/KDHE Joint	District	Offic	e prior t	o plugging	this well? yes	
Which KCC/KDHE Joint Office did you notify? District #1 Don Ubel						
Is ACO-1 filed? <u>yes</u> if no						
Producing formation Depth to top bottomT.D. 5,225 t						
Show depth and thickness of all w	ater, oil	and g	as format	ions.		
OIL, GAS OR WATER RECORDS CASING RECORD						
Formation Conten	† From	То	Size	Put in	Pulled out	
		<u> </u>	8-5/8"	300'		
Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used state, the character of same and depth placed, from feet to feet each set. Mud to 500', 35 sx cement, Mud to 330', 50 sx cement, mud to 40', solid bridge, 10 sx circulated to surface, 15 sx in rathole, circulated through drill pipe, 60/40 posmix, 3%cc, 2%gel						
(If additional description is necessary, use <u>BACK</u> of this form.)						
Name of Plugging Contractor Su Address Box 169, Great Bend,		<u>1 Cer</u> 530	menting			
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STATE OF KANSAS	COUNTY OF		SEDGWICK		,55.	
SUBSCR	CORPORATION CO	and market	duly swormatters here to the same ON (Signate) (Addr.)	n on oath, rein conta e are true ature)	erator) or says: That ined and and and the 250, 200 W. Douglas hita, KS 67202 that yet July 1984	
- Department - Dep				vyul	Form CP-4 Revised 01-84	