A contractor	. W	WELL PLUGGING RECORD K.A.R82-3-117 TYPE OR PRINT NOTICE: Fill out Completely and return to coms. div.				15-0	15-007-22176 - 00-00 John Lemon		
STATE OF KANSAS STATE CORPORATION CO	OMMISSION (FET)				API NUMBER LEASE NAME	John			
STATE CORPORATION CO 130 S. MARKET, ROOM, WICHITA, KS 67202	2078 NC				WELL NUMBER	3A			
WICHITA, KS 07202	MIC O 5 SAME				1980		ft from S	Section Line	
	KCC WICHITA	office within	30 days.	•	780			Section Line	
KCC Anorma					SEC. 8 TV	30			
LEASE OPERATOR	Ramco Drilling Services	· · · · · · · · · · · · · · · · · · ·			COUNTY Bark	vr. —— er	KGE	(E) 01(VV)	
ADDEESS Box 99, I	Belpre, Ohio 45714			,	,				
PHONE # (614) 423-9591 OPERATORS LICENSE NO. 3536					Plugging Commenced 7/2/02				
Character of welloil									
(Oil, Gas, D&A, SWD, inj	out. Water Supply Well)				Plugging Comple	eted	7/5/02		
	approved on 7/2/02	2						(date)	
Ot D	approved on					_			
	VOC		*****	not availa	blo to us	•		Agent's Name).	
	yes if not, is well				,				
	of all water, oil and gas forma				Bottom	· · · · · · · · · · · · · · · · · · ·	T.D	4750	
Show depth and thickness of all water, oil and gas formations OIL, GAS OR WATER RECORDS CAS					SING RECORD				
Formation	Content	From	То	Size	Put in	Pulled out	t ·		
,				13 3/8	105	none			
a. 4				8 5/8	1055				
			-		- 				
28080	SECTION AND RANGEM AT HO	5 4.0 4.0		5 ₃ 1/2	4742.		1 (60	
	he manner in which			(4 00 4080			· · · · · · · · · · · · · · · · · · ·		
placed and the me were used, state the Sand at 4510, dumpe	thod or methods use ne character of same d 5 sacks cement. Sho ks cement. Pulled to 40	ed in intro and dept t pipe at 39	oducing h place 80, 390	it into ted, from 2, worked	the hole. If o feet to pipe free. Pulle	ement d to 10	or other feet each 00 and pu	plugs n set n ped 10	
	117	No. of the second		p.					
Name of Plugging Contract	or Quality Well Service	e, Inc.			License No	3192	25		
	est Main, Lyons, KS 675	554			,				
	ISIBLE FOR PLUGGING FEE	Ramo	o Drillin	g Services	20 by 3	UN B	sant Bou	JK 67530	
١/ ١			· · · · · · · · · · · · · · · · · · ·	Barton		10		<u> </u>	
	NSBS	COUNT	Y OF	D'al Tov			, SS.		
	Summers				(Employee of (-		, -	
statements, and ma	vell, being first duly atters herein contains and correct, so help	ed and th		of the ab					
fastade in details	ing manner in which	the well	MGS D	(Signature) (Address)	P.O. Box 34	O GVE	z Bard	6 67530	
SUBSC	RIBED AND SWORN TO be	fore me	nd	day of _	August	<u>.</u>	<u>:</u>	2002	
			0	asol.	120		-,2	·-·	
	anumicaies Frair	4:22-0	<u>. </u>		Notary Public			P. 67	
- My	commission Expires :	1000	2				F	Form CP-4 Revised 05-88	



