STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Bullding	WELL PLUGGING RECORD K.A.R82-3-117		API NUME	API NUMBER 15-033-20,473.000	
Wichita, Kansas 67202			LEASE NAME <u>Selzer</u>		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.		WELL NU	WELL NUMBER6_2	
			660	660 Ft. from S Section Line	
			3300	3300 Ft. from E Section Line	
LEASE OPERATOR Bishop Operating Company			SEC. 2	SEC. 2 TWP. 34 RGE. 20 (MEXIVE)	
ADDRESS P.O. Box 1807			COUNTY	COUNTY Comanche	
PHONE#(316) 662-6445 OPERATORS LICENSE NO. 30972			Date Wel	Date Well Completed N/A	
Character of Well good			Plugging	Commenced <u>5-18-93</u>	
(OII), Gas, D&A, SWD, Input, Water Supply Well)			Plugging	completed 6-14-93	
The plugging proposal was approved on5-18-93				(date)	
by Steve Pfiefer, Richard	•				
Is ACO-1 filed? yes If	not, is well lo	g attached?			
Producing Formation	Depth to	о Тор <u> </u>	Botto	omT.D.	
Show depth and thickness of al	I water, oil and	gas formatio	ons.		
OIL, GAS OR WATER RECORDS CAS			ASING RECOF	ING RECORD	
Formation Content	From To	Size	Put In	Pulled out	
		8 · 5/8	609	none	
		51/3	<u>4849</u> 	3500	
Describe in detail the manner placed and the method or meth were used, state the charact Sanded to 4700, dumped 5sx cem 50sx cement, 10 gell, 100 hull	ods used in intro ter of same and ment with dump bai	oducing it in depth place iler at 4700,	nto the holed, from_ pumped_300	ie. If cement or other plu _feet tofeet each se	
(If additional desc	ription is neces	sary, use BA	CK of this	form.)	
Name of Plugging Contractor <u>C</u>	larke Corporation		 լ	.icense No. 5105	
Address P.O. Box 187, Medicing			_		
NAME OF PARTY RESPONSIBLE FOR			ting		
STATE OF Kansas		<u>brshop opera</u> Barber	<u>criid</u>	,55.	
Jeff Sletto			Employee of	Poperator) or (Operator)	
above-described well, being fi	rst duly sworn o				
statements, and matters here the same are true and correct,		the log of t	the above-o	described well as filed th	
GLENDA MORRISON NOTARY PUBLIC			Medicine L	odge, KS 67158EIVED	
STATE OF KANSAS My Appt. Exp. Aug. 17, 1994	D CHORN TO before		20	TIME 7 1 SO COMMISSION	
2082CKIBED AN	D SWORN TO before		day (JUL - 1 1993	
	, 9		lende Note	ary Publishervation Division	
My Commission	Expires: Aug. 1	17, 1994		wichita, Kansas	
				Form_CP-	

Form CP-Revised 05-8