STATE OF KANSAS STATE CORPORATION COMMISSIC 200 Colorado Derby Building	ON K.A.R.	WELL PLUGGING RECORD K.A.R82-3-117			API NUMBER 15-033-20154B 005 LEASE NAME Christion		
Wichita, Kansas 67202	,						
		TYPE OR PRINT			WELL NUMBER 2-11		
	and return	NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			_ Ft. from S	S Section Line	
	OTTICS WIT				_ Ft. from 8	E Section Line	
LEASE OPERATOR Bishop Operating Co. Inc.				SEC. <u>11</u>	_TWP. <u>34s</u> RGE	= <u>20 (xxxx</u> (w)	
ADDRESS P.O. Box 1807 Hutchinson, KS				COUNTY	COUNTY Comanche¶		
PHONE# ( 310 662-6445 OPERATORS LICENSE NO. 30972				Date We	li Completed	N/A	
Character of Well <u>qood</u>				Pluggin	g Commenced	6-14-93	
OII, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed	6-18-93	
The plugging proposal was a	ipproved on6-	14-93		· · · · · · · · · · · · · · · · · · ·	<del></del>	(date)	
by Richard Lacy	·			(KC	C District #	Agent's Name).	
is ACO-1 filed? ves	if not, is well	log a	ttached?_				
Producing Formation	Depth	to T	ор	Bott	omT.	. D •	
Show depth and thickness of							
OIL, GAS OR WATER RECORDS			c	ASING RECO	RD	<del></del>	
Formation Content	From	То	Size	Put in	Pulled out	<del></del>	
	.,	<b> </b>	8 5/8	672.	None		
		\	5½	4820	3500		
			<u> </u>				
Describe in detail the mann placed and the method or m were used, state the char Sand to 4650, pumped 5sx ce 100 hull, 8 5/8 iron plug,	nethods used in in racter of same ar ement on top of san	trodu nd de d. pu	cing it i pth plac mped 300 i	nto the ho	le. If cemer feet to	nt or other plu _feet each se	
(if additional d	escription is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging Contractor	Clarke Corporati	on			License No	5105	
Address P.O. Box 187, Medi	cine Lodge, KS 671	04			<del></del>		
NAME OF PARTY RESPONSIBLE F	FOR PLUGGING FEES:		Bishop (	Operating		<del></del>	
STATE OF Kansas	COUNTY OF	Bar	ber		_,ss.		
Jeff Sletto			(	Employee o	f Operator)	or (Operator)	
above-described well, being statements, and matters t the same are true and corre	nerein contained a	nd th	ath, says e log of	: That I h the above-	ave knowledg	ge of the fact	
GLENDA MORRISON			Signature	0//	Jew		
STATE OF KANSAS My Appt. Exp. Aug. 17, 1994		(	Address)	<u>Medicine I</u>	Lodge, KS 67	RECEIVED	
SUBSCRIBED	AND SWORN TO bef	ore .w	<del>-</del> -	10		PPOPATION COMMISSION	
		_	$\mathcal{A}$	Tlande	Marri	W - 1 1993	
My Commiss	sion Expires: Aug	g. 17	, 1994	том	ary rubile	54-01-93	

Revised 05-E