STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wischita, Kansas 67202	WELL PLUG K.A.R.				API NUMBER 15-033-20,486-0000 LEASE NAME Perto //		
•	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				WELL NUMBER 2		
					660 Ft. from S Section Line		
				660	660 Ft. from E Section Line		
LEASE OPERATOR Bishop Operating Company					SEC. 11 TWP. 34 RGE. 20 (\$\$\forall F(W)		
ADDRESS P.O. Box 1807					COUNTY Comanche		
PHONE# (316) 662-6445 OPERATORS LICENSE NO. 30972				Date We	Date Well Completed N/A		
Character of Well <u>good</u>					Plugging Commenced 4-27-93		
(OII), Gas, D&A, SWD, input, Water Supply Well)				Pluggin	g Completed	6-15-93	
The plugging proposal was appro	ved on4_	<u>27–93</u>				(etab)	
by Steve Middleton, Richa	ard Lacy			(KC	C District A	gent's Name).	
Is ACO-1 filed? yes If	not, is well	log a	ttached?_	·			
Producing Formation	Depth	to T	op	Bott	omT.	D	
Show depth and thickness of all	water, oil a	nd ga	s formatio	ons.			
OIL, GAS OR WATER RECORDS			C/	ASING RECO	RD		
Formation Content	from	То	Size	Put In	Pulled out		
			8 · 5/8	669	None		
		-	41/5	4898	3000		
Describe in detail the manner I placed and the method or methowere used, state the characters Sanded to 4700, dumped 4sx cement 50sx cement, 10 gell, 100 hulls	ds used in in er of same au <u>ut at 4700 wit</u>	trodu nd de h <u>dum</u>	cing it la pth place bailer,	nto the hoed, from_ pumped 300	le. If cemen _feet to	t or other plu _feet each se	
(If additional descr	iption is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging Contractor <u>Cl</u>	<u>arke Corporati</u>	on			License No	5105	
Address P.O. Box 187, Medicine	Lodge, KS 671	04					
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:		Bishop op	erating			
STATE OF Kansas	COUNTY OF	Bar	ber		_,58.		
Jeff Sletto above-described well, being fir statements, and matters herei the same are true and correct, GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appl. Exp. Aug. 17, 1994	n contained a	nd th d. (ath, says: e log of d Signature)	the above-	ave knowledg described we	or (Operator) e of the fact li as filed th RECEIVED	
SUBSCRIBED AND	SWORN TO bef	ore.w	e this	29 day	of June ,)[]		
			_~//	_		1-1-93	

Notary Public Wichita, Kansas My Commission Expires: Aug. 17, 1994