STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117

API	MUMBER	15-151-20394-00-00
	HOWDEN_	13 131 203347

200 Colorado Derby Building	711 1 1101112	13 13 2003 2							
Elchita, Kansas 67202	LEASE NA	LEASE NAME Martin							
NOT	TYPE OR PRINT		WELL NUM	BER1					
an	ICE: Fill out completely nd return to Cons. Div. office within 30 days.				_ Ft. from S Se	ection Line			
		_ Ft. from E Se	ction Line						
LEASE OPERATOR Cobra Drilling/Prat	SEC. 18	TWP. 275RGE. 1	3_( <b>X</b> Xor(W)						
ADDRESS Box 847 Pratt, Kansas 6	COUNTY _	COUNTY Edwards							
PHONE#(316)_672-2531OPERATORS	Date Wel	Date Well Completed							
Character of Well Oil		Plugging Commenced 12-30-87							
(Oil, Gas, D&A, SWD, Input, Water S		Plugging Completed 2-12-88							
Did you notify the KCC/KDHE Joint District Office prior to plugging this well?									
∦hich KCC/KDHE Joint Office did you						-1			
Is ACO-1 filed? <u>yes</u> if not,	is well	log a	ttached?_						
Producing Formation				Botto	omT.D.	,			
Show depth and thickness of all wat	er, oll a	nd ga	s formatio		rfs: 4443-44	•			
OIL, GAS OR WAFERERVEERDS			C	ASING RECOF	RD				
Formation   Content	From	To	Size	Put In	Pulled out				
SEP 8 1988		267	10 3/4 &	8 5/8 26	7' 0	·			
	267'	4512	4151	4245	<u>2111', 68 j</u>	ts.			
CONSERV. TION DIVISION						<u>-</u>			
Describe in detair the manager in who placed and the method or methods us									
were used, state the character of s <u>Got on 10 3/4 surface and made a</u>	ame and de	epth	placed, fi	rom feet 1	to feet each	set.			
and on side of 10 3/4 cut a hole	and instal	led a	ı 2-2⅓" ni	pple & col	lar. Dumped 7	5			
			)-4 54 HI	ulging.	SK. ACONOL	ITE.			
(If additional descripti			y, use BAC	CK of this	form.)				
Name of Plugging Contractor	WELL		SERVIC	EJNO	License No. 5	893			
Address P.O. Box 847 - PRATT, KS. 61124									
	OUNTY OF _	<u> </u>	TTAS		_,ss.				
JUDY BERR					Operator) or (4				
above-described well, being first d statements, and matters herein cont									
the same are true and correct, so h	elp me Go	d .		LUA	Do Mari	s fileu illai			
NOTARY PUBLIC - State of Kassas Dorothy M. Furgason	•		Signature: Address)	DO BIS	1 849- 4	Partle.			
SUBSCRIBED AND SWO	DN TO bot			مر ما ما ما ما ما	of Clas X	,1988			
SUBSCRIBED AND SWO	TUDUT	n erio K	(1) F	m	7/	, 19 <u>0 0</u>			
My Commission Expires Tehnismy 6, 1989									