STATE OF KANSAS STATE CORPORATION COMMIS 200 Calorado Derby Build	SION . WE	WELL PLUGGING RECORD K.A.R82-3-117				API NUMBER 15-119-20,744			
Wichita, Kansas 67202	1 13 <u>9</u>				LEASE N	LEASE NAME Bond			
•••		TYPE OR PRINT				MBER 1			
	NOTICE: Fill out <u>completely</u> and return to Cons. Div. office within 30 days.					Ft. from S Section Line			
		100 411	······	o days.		_ Ft. from	E Section Line		
LEASE OPERATOR Source Petroleum					SEC. 32	TWP. 335 RG	E.30W (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ADDRESS 910 Century Plaza Bldg., Wichita, KS 67202					COUNTY	COUNTY Meade			
PHONE#(310						Date Well Completed 7-23-86			
Character of Well D&A					Pluggin	Plugging Commenced 7-23-86			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging	Plugging Completed 7-23-86			
Did you notify the KCC/K	DHE Joint Dis	strict 0	ffice	prior to	plugging	this well?	Yes		
Which KCC/KDHE Joint Off	ice did you r	otify?_		Dodge Ci	lty				
Is ACO-1 filed? YES	lf not, i	s well	log a	ttached?					
Producing Formation	/								
Show depth and thickness									
OIL, GAS OR WATER RECOR					ASING RECO	RD			
Formation Conte		F=0-	То						
	n T	From	10			Pulled out			
			<u> </u>	8-5/8"	1539 KB				
l	anner in whic	h the we	l ellwa	las plugged	l Indicat	ing where the	ne mud fluid was		
were used, state the cha	racter of sam	ne and d	epth	placed, fi	rom feet [.]	to feet ea	ach set. By Dowell.		
30 sacks @ 700'									
10 sacks @ 40' 15 sacks in rathole	e, 10 sacks i	n mousel	nole						
(If additiona	I description	is nec	essar	y, use BAC	CK of this	form.)			
Name of Plugging Contrac	tor <u>Eagle</u>	<u>Drillir</u>	ng, Ir	nc.	·	License No	5380		
Address P.O. Box	8609, Wichit	a, KS	67208	3	<u> </u>				
STATE OF Kansas	cou	INTY OF _		Sedgwick	<u>c</u>	_,SS.			
Robert L. Eisel, E	mployee of Or	erator		(Em)	olovee of (Operator) or	(Operator) of		
above-described well, be	ing first dul	y sworn	on oa	ath, says:	: That I ha	ave knowledd	e of the facts.		
statements, and matters the same are true and co	rrect, so hel	p me Goo	The	log of the	a boye de	scribed well	as filed that		
•				Signature	Dou	er X	east_		
			(/	Address)	P.O. Box	x 8609, Wich	nita, KS 67208		
SUBSCRI	BED AND SWORN	TO befo	ore me	e this _29	oth day o	f July	,19 86		
			Thr:	ittania e	Tiffoni	S. Little			
My Comm	ission Expire	s: Augu	1: ist 1:	iffany S. 1, 1989	TARETEN®+	ary Public			
	TIFFANY S LITT	1F					Form CP-4		

TIFFANY S. LITTLE
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 8-11-89

Form CP-4 Revised 08-84