STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUG K.A.R.			AP! NUMI	API NUMBER 15-119-10212-0000		
200 Colorado Derby Bullding Wichita, Kañsas 67202				LEASE N	LEASE NAME W.B. FOX N C T - 1		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NU	WELL NUMBER3		
				<u>nw</u> ne	NW NE Ft. from S Section Line		
					Ft. from E Section Line		
EASE OPERATOR Texaco USA				SEC. 32	SEC. 32 TWP. 335 RGE. 29W (E) of (W)		
ADDRESS Box 2420 Tulsa, Oklahoma 74102				COUNTY_	COUNTY Meade		
PHONE# (918) 560 - 6000 OPERATORS LICENSE NO. 5153				Date We	Date Well Completed 12-57		
Character of Well Oil/Shut In				Pluggin	Plugging Commenced 4-18-85		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed 4-22-85		
Did you notify the KCC/KDHE Jo	int District O	ffice	prior to	plugging	this weil?	Yes	
Which KCC/KDHE Joint Office di	d you notify?				Paul Luthi		
Is ACO-1 filed? Unknown If	not, is well	log a	ttached?	Old Wel	1/Not Avai	lable	
Producing Formation Morrow	Depth	to T	ор 5736	Botte	om <u>5897</u> T.I	5950	
Show depth and thickness of al	l water, oll a	nd ga	s formatio	ons.		•	
DIL, GAS OR WATER RECORDS			C	ASING RECO	RD		
Formation Content	From	То	Size	Put in	Pulled out		
			16"	41 40.5	none none		
			10 3/4	5949	2420		
Describe in detail the manner placed and the method or metho were used, state the character Pump 30 sks. of cement @ 3328 Pump 65 sks. of cement @ 1560 Pump 40 sks. of cement @ 480 Put 15 sks. of cement @ 40 to	ds used in into of same and do to 2950 to 1460	epth	ing It in placed, for	to the hold to me feet to below ground	e. If cement to feet eac	or other plugs	
(If additional desc	ription is nec	essar	y, use BAC	CK of this	form.)		
Name of Plugging Contractor <u>Sa</u>	rgent's Casing	Pull:	ing Servic	e	License No	6547	
Address <u>Box 506 Liberal</u>	. Kansas 67901						
STATE OF Oklahoma	COUNTY OF _		Tulsa	- 	_,55.	 -	
above-described well, being fi statements, and matters herein the same are true and correct,	contained and	the d.	ath, says	: That I have de	ave knowledge	xxxxxxxxxxxxxx of e of the facts, as filed that	
			Address)	T. C.	WILLIAMS 1 420, Tulsa,	Ok 74102	
CHDCCDIDEN AM	D SWORN TO bef		1	5 thoay		0 0 5	
. SUBSCRIBED AN	D SHUKN IU DOT(OI 8 10		Ind on	MI PA	Lui 12)	
		. 7	66	Not	ary Rullic	- com	
My Commission	Expires: O	رب	<u> </u>	STATE CORF	PORÁTION COMMISSIO	י אנ	

My Commission Expires: 83

JUN 07 1985

Form CP-4 Revised 08-84