STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichija, Kansas 67202	K.A.R82-3-117			API NUM	API NUMBER 15-119-20,244 A LEASE NAME Barby		
				LEASE N			
•	TYPE OR PRINT NOTICE: Fill out completely			WELL NUMBER $\frac{1-20}{C SW^{\frac{3}{4}}}$ Ft. from S Section Line			
·	and return to Cons. Div. office within 30 days.						7320'
·				<u> 1320 </u>	1320 · ft. from E Section Line		
LEASE OPERATOR The South Fonty, Inc.				SEC. <u>20</u>	SEC. <u>20</u> TWP. <u>345</u> RGE. <u>27W</u> (E)or(W)		
ADDRESS P.O.Box 446 Laverne, Oklahoma 73848				COUNTY	COUNTY <u>Meade</u>		
PHONE 1 (405) 921-3366 OPERATORS LICENSE NO. 03795				Date We	Date Well Completed		
racter of Well <u>Gas</u>				Pluggin	Plugging Commenced 12-9-96		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 12-11-96		
Did you notify the KCC/KDHE Joi	nt District O	ffice	prior to	plugging	this well?		
Which KCC/KDHE Joint Office did	l you notify?	<u>Dodge</u>	e City	Kevin S	trube	 	
Is ACO-1 filed?if	not, is well	log a	ttached?_	<u> </u>			
Producing Formation	Depth	to T	ор	Bott	omT.D	<u>6190</u>	
Show depth and thickness of all	water, oli a	nd ga	s formati	ons.			
OIL, GAS OR WATER RECORDS				ASING RECO	RD		
Formation Content	From	To	Size	Put In	Pulled out		
		<u> </u>	8 5/8	1729	0		
			4 172	3393	24.95		
Describe in detail the manner i	in which the w	ell w	as plugge	d. Indicat	Ing where the	mud fluid was	
placed and the method or method	is used in int	roduc	ing it ir	ito the hol	e. If cement	or other plug:	
Pump 50 Akast cement from		1212 150'	to 3700	<u> </u>		<u> </u>	
	om 300' to 2						
Put' 10 Aks. of cement fro	<i>m 40' to 0'</i> Tiption is nec	<i>Cut</i> essàr	off & co y, use <u>B</u>	a <u>p 8 5/8</u> NCK of this	form.) weld	ound level on ID plate	
Name of Plugging Contractor \underline{Sa}				•			
Address P.O.Box 506 Libe	_					1-13-97	
STATE OF Kanaga	COUNTY OF	Sout	h Fortu	Inc.	,SS		
Mary B Hamital					Operator) or	: (Operator) of	
above-described well, being fir statements, and matters herein	st duly sworn	on o	ath, say:	s: That. I h	ave knowledge	of the facts	
the same are true and correct,		d.		. Ma	L. 1/200	It-	
			Signatur	1.1. Varif	1). † IWN IC		
			Address)		مستسينين	· · · · · · · · · · · · · · · · · · ·	
SUBSCRIBED AND	D SWORN TO bef	ore m	e this	day	Of JANUAL	19 47	
en e				Not	ary Public	asoll	

My Commission Expires: