## STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg.

## WELL PLUGGING RECORD

| State Corporation Commission<br>212 North Market, Insurance Bldg.<br>Wichita, Kansas | Meade                            |  | Count           | y. Sec <u>l3</u> T | wp.34S Rge     | <u>27</u> ( <u>¥</u> )                           | (W)             |
|--|----------------------------------|--|-----------------|--------------------|----------------|--|-----------------|
| NORTH  |                                  | E/CNW#SW#" o                                     | r footage fro   | m lines 1250       | from sou       | th and e   |                 |
|  | Lease Owner                      | <u> The Snamr</u><br>Cornelius F                 |                 | and Gas Co<br>en   |                |  |                 |
|  | Office Address                   | Box 631,   | Amaril]         | o. Texas           |                | _ wen no.  |                 |
|  |                                  | ell (completed a                                 |                 | •                  |                |  |                 |
|  | Date well com                    | pleted   | <del></del>     |                    | ·              | 9-21   | 19 60           |
|  |                                  | plugging filed                                   |                 |                    |                | 9-21   | 19_6 <u>0</u> _ |
|  |                                  | plugging approve                                 |                 |                    |                | 9-21   | 19_60_          |
|  | Plugging comm                    | enced<br>eted                                    | 1.              | •00 A M            |                | 9 <u>-23</u><br>9-23                             | 19_60<br>19_60_ |
|  |                                  | adonment of well                                 |                 |                    |                | <del></del>                                      | 19_00_          |
| 0  | Reason for abar                  |  | or producing    | g Ioimadou         |                |  |                 |
|  | If a producing                   | well is abandone                                 | d, date of la   | st production_     | -              |  | 19              |
|  |                                  | obtained from                                    |                 |                    |                |  |                 |
| Locate well correctly on above<br>Section Plat                                       |                                  | Mr. W. L.  |                 |                    |                |  | S               |
| Name of Conservation Agent who sup<br>Producing formation                            |                                  |  |                 |                    |                | ,  | 230 Feet        |
| Producing formation NO: Show depth and thickness of all water                        |                                  |  | Botton          | n                  | Total Depth of | Well Op  | <u>230</u> Feet |
| -  |                                  | 13.  |                 |                    |                |  |                 |
| OIL, GAS OR WATER RECOR  | DS                               |  | -               | <u> </u>           |                | CASING R   | ECORD           |
| FORMATION  | CONTENT                          | FROM   | TO              | SIZE               | PUT IN         | PULLE  | דעם מ           |
| None   |                                  | <del> </del>                                     | -               | 8 5/811            | 1,546          | <del>  -</del> 0                                 | <del>-</del>    |
|  | _                                | <del>                                     </del> |                 |                    |                | <del>- </del>                                    |                 |
|  |                                  | <del>  -</del>                                   |                 |                    |                | -  | <del></del>     |
|  | <del> </del>                     |  |                 | <del> </del>       |                | 1  |                 |
|  |                                  |  |                 | -                  |                |  |                 |
|  |                                  |  |                 |                    |                |  |                 |
|  |                                  | <u> </u>   |                 | <u> </u>           | <u>i</u>       | <u> </u>   |                 |
|  |                                  |  |                 |                    | <u>.</u>       |  |                 |
|  |                                  |  |                 |                    |                |  |                 |
| ·  |                                  |  |                 |                    | <u>-</u>       |  |                 |
|  |                                  |  |                 |                    |                |  | <del></del>     |
|  |                                  |  |                 |                    | DEFF           |  | 5               |
| <u> </u>   |                                  |  |                 | -STA               | TE CORPORATION | H COMMIS   | <u> </u>        |
| -  |                                  | <u> </u>   | · <del>-</del>  |                    | 055.4          |  |                 |
|  |                                  |  |                 |                    | SEP 2          | <del>। ।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।</del> | 7-28-6          |
|  |                                  |  |                 |                    | ONSERVATION    | 3FT - 0-1/4/6/4                                  | (2)             |
|  | <del></del>                      | _  |                 |                    | Wichita,       | Kansan   |                 |
| <u></u>  |                                  | <del></del>                                      | - <del></del> - | <del></del>        |                |  |                 |
|  |                                  | <del></del>                                      | <del></del>     |                    |                | <u></u>  |                 |
| N. (10)  | (If additions<br>Halliburton (i) | description is neces                             | say, use BACI   | of this sheet)     |                |  |                 |
| Name of Plugging Contractor  Address  Liberal  |                                  |  |                 | v                  |                |  |                 |
| AMMINGO  |                                  |  |                 |                    |                |  |                 |
|  |                                  | 7) mrz - 0 m                                     | Potter          | •                  |                |  |                 |
| STATE OF <u>Texas</u> T. S. Clopton  | , COO                            | JNTY OF  |                 | owner) or (oW      | _, SS.         | ما الما الما                                     | J11 . 3         |
| well, being first duly sworn on oath<br>above-described well as filed and th         |                                  | nowledge of the                                  | facts, statem   | ents, and matter   |                |  |                 |
| apore-described well 43 men sind in  | m the same are true a            |  | O 000           | 1.1.               | lowst          | <del>/</del>                                     |                 |
|  |                                  | (Signature)                                      | <u>4 </u>       | · · · · ///        | Seg // C       | 0 N)   |                 |
|  |                                  | Bo   | x 631, A        |                    | exas Address)  |  |                 |
| Subscribed and Sworn to be   | fore me this 27th                | day of_  | Septe           | ,                  | Address)       | 60   | PAULINE POW     |
| DODGE MAN DIVOLET AND DE   |                                  |  |                 | 0-1                |                | ,<br>, // .                                      | Notary Pul      |
| 4.   | -1-61                            |  | Pott            | er County,         | Texas          | velf   | ry Public.      |
| My commission expires  |                                  |  | 1000            | or occurred a      | TOVER          | IN O LOS   | y I WOUC.       |
|  |                                  |  |                 |                    |                |  |                 |

## Section 13, Township 34 South, Range 27 West Meade County, Kansas

Surface sand and red bed 450! - 695! 695! - 1,623! Sand and red bed Red bed and shale 1,623' - 2,350' 2,350' - 2,520' 2,520' - 2,609' 2,609' - 2,720' Shale and shells: Anhydrite ... Anhydrite and lime, Anhydrite and shale 2,720 - 2,831 Anhydrite and lime 2,831 - 3,061 3,061 3,116 3,116 - 3,900 4,600 4,725 Lime and shalle. Lime and shale streaks Lime 4,725! - 4,770! Shale 4,770 - 4,885! 4,885! - 4,910! 4,910! - 5,270! 5,270! - 5,300! Lime Shale Lime with shale streaks Shale 5,300!~=:5,950! Lime and shale 6,230 Lime

I Selopton

RECOMPONATION COMMISSION

51P 28 960

CRETIVATION DIVISION