STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

## WELL PLUGGING RECORD K.A.R.-82-3-117

API NUMBER<u>/5-095-21,581-000</u>

LEASE NAME\_\_\_\_Bogle A-1

WELL NUMBER \_\_\_ TYPE OR PRINT NOTICE: Fill out completely 3630 Ft. from S Section Line and return to Cons. Div. office within 30 days. 4290 Ft. from E Section Line SEC. 25 TWP.30S RGE.5 (E)or(\*) LEASE OPERATOR W. L. Kirkman, Inc. ADDRESS R.º O. Box 782290 Wichita, Ks. COUNTY Kingman PHONE#( 310 6855372 \_\_\_ OPERATORS LICENSE NO. 5673 Date Well Completed 2-05-88 Character of Well D&A Plugging Commenced \_2-06-88 ' \_ (Oil, Gas, D&A), SWD, Input, Water Supply Well) Plugging Completed 2-06-88 The plugging proposal was approved on 2-02-88 District #2 office (KCC District Agent's Name). Is ACO-1 filed? Yes If not, is well log attached? Producing Formation \_\_\_\_\_ Depth to Top\_\_\_\_\_ Bottom\_\_\_\_\_T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD To Size Formation' Content From Put in Pulled out Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. (If additional description is necessary, use BACK of this form: NED Name of Plugging Contractor Bd Titan STATE CORPORATION COMMISSION Address Box 595 Great Bend, Ks. 67530 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: \_\_\_\_ W. L. Kirkman, Inc. COUNTY OF Sedgwick CONSERVATION DIVISION . Wichita, Kansas STATE OF Kansas Wayne L. Kirkman (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature) P.O. B**ox** 782290, Wichita, Ks. 67278 (Address) SUBSCRIBED AND SWORN TO before me this 18 day of April \_\_\_\_\_\_,19 88 all Kink Notary Public My Commission Expires: 10/07/90

JANE KING
NOTARY PUBLIFORM CP-4
STATE OF CANNONS CF-88
My Appt. Exp.