STATE OF KANSAS STATE CORPORATEON COMMISSION 200 COLOR OF BUILDING	₩ELL PLUGGI ' K.A.R8	API NUMI	20440 API NUMBER 15 179 - 20448 - 6000			
Hichelika skansas 67202			LEASE N	LEASE NAME_ Wilder		
WIELDONATO 1988 67202	TYPE OR PRINT		WELL NU	MBER1		
ATE UEU 30 MISION	and return t	return to Cons. Div.		_ Ft。from S	Section Line	
NOTICE: Fill out complete! and return to Cons. Div. office within 30 days. LEASE OPERATOR T X O Production Corporation			4030	_ Ft. from E	Section Line	
LEASE OPERATOR T X O Production Corporation				SEC. 3 TWP. 318 RGE. 42W (E) or (W)		
ADDRESS 1660 Lincoln St. Suite 1800 Denver, Colò. 80264				Morton		
PHONE (303) 861-4246 OPERATORS LICENSE NO. 5171				II Completed	· ·	
Character of Well				g Commenced _		
(OII, Gas, D&A, SWD, Input, Water Supply Well)				g Completed _		
Did you notify the KCC/KDHE Jo	Int District Off	lce prior to	plugging '	this well?	Yes	
Which KCC/KDHE Joint Office di	d you notify?		• .	Glenn Barlow		
Is ACO-1 filed? yes If						
Producing Formation Wabann					3211	
Show depth and thickness of al					, 	
OIL, GAS OR WATER RECORDS		· C.		RD		
Formation Content		o Sizo	Put In	Pulled out		
<u> </u>	——— ——— <u>-</u>	8 5/8		none		
		4 1/2	3211	2205		
Describe in detail the manner placed and the method or methowere used, state the character Pump 1 sks. of hulls & 25 sks	ods used in intro of same and dep so of cement from	ducing it in th placed, f n 2905 to 270	to the hole rom_feet	e. If cement tofeet eac	or other plugs h set.	
Pump 50 sks. of cement from 1 Pump 50 sks. of cement from 6		ump 30 sks. c	of cement i	rom 825 to 7	25	
Put 10 sks. of cement from 40	O to O Cut off	f & cap 8 5, sary, uso BA	78 3' belo	ow ground leve	<u>el</u>	
Name of Plugging Contractor Sax	gent's Casing Pu	ulling Servi	e	Liconso No	6547	
Address Box 506 Liber	ral, Kansas 6790	5-0506				
STATE OF Kansas	COUNTY OF	Seward	·	_,55.		
WIFERD C. West					(Operator) of	
above-described well, being fl statements, and matters herein the same are true and correct,	contained and t	he log of th				
		(Signature	\(1)	yed Con	telest	
		(Address)		/	· · · · · · · · · · · · · · · · · · ·	
SUBSCRIBED AN	ID SWORN TO befor	e he this	84 day	of Decemb	her , 1988	
	_/	1 Ame	la J.	(heline	<u> </u>	
My Commission	Expires: 3/2	181	Not	ary Public	•	