STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	K.A.R82-3-117				7-095-205/9-0000 API NUMBER N/A	
Uchita, Kansas 67202				LEASE N	AME_Early	
			NT Oppletely		MBER1	
	NOTICE: FILL and return office wit	n to C	ons. Div.		_ Ft. from S Section Lin	
	OTTER MI	3	_ 40754		_ Ft. from E Section Lin	
EASE OPERATOR McCoy Petroleum	Corporation			SEC4	_TWP.30S_RGE.7_XXEXXXX(W	
DDRESS 110 S. Main, Suite 500, Wichita, KS 67202				COUNTY	COUNTY Kingman	
HONE#(316) 265-9697 OPERA	TORS LICENSE	ио. <u>500</u>)3	Date We	II Completed N/A	
Character of Well <u>casing leak</u>				Plugging	g Commenced 4-1-93	
Oll, Gas, D&A, SWD, Input, Wat	ter Supply We	11)		Plugging	g Completed <u>4-5-93</u>	
he plugging proposal was appro	oved on3_:	29–93			(date	
y Steve Vangison	·			(KC	C District Agent's Name)	
s ACO-1 flied? yes If	not, is well	log a	ttached?			
Producing Formation N/A						
Show depth and thickness of all						
OIL, GAS OR WATER RECORDS			C;	ASING RECOF	RD	
Formation Content	From	То	Size	Put In	Pulled out	
		_	8.5/8	236	none	
		-	4_1/2	4223	\ <u></u>	
Describe in detail the manner of laced and the method or method ere used, state the charact	ods used in inter of same a	ntrodu and de	cing it in epth place	nto the holed, from_	le. If cement or other p _feet tofeet each	
Sanded to 3475, 4sx cement with spot 30sx cement, pulled tubing	r to 700', spo	<u>ted 30</u>	sx cement	pulled to	290', circulated cement	
to surface, pulled cement to su	orface. 60-40	POZ 2%	gel			
(If additional desc			y, use BA	CK of this	form.) RECEIVED STATE COMPORATION COMMISSION License No. 5105 ADR 8 1995	
lame of Plugging Contractor <u>C</u>				l	License No. 5105 APR 8 1995	
ddress P.O. Box 187, Medicine					CONSERVATION DIVISION	
NAME OF PARTY RESPONSIBLE FOR I			_	oleum	CONSERVATION DIVISION	
STATE OF Kansas	COUNTY OF	Bai	rber		_,5\$.	
Jeff Sletto above-described well, being fine statements, and matters here the same are true and correct,	in contained	and th	eath, says:	: That I hat the above-o		
GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appl. Exp. Exp. Exp. Exp. Exp. Exp. Exp. Exp	a enous es	(Medicine I	Lodge; KS 67104	
SUBSCRIBED AND	ט אטאא TO be	n enor				
		_		lendo M Not	ary Public	

My Commission Expires: August 17, 1994

Form CP. Revised 05-8