STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGG K.A.R	ING RE 82-3-1	CORD	API NUMBER 15-175-20,867-0000			
Wichita, Kansas 67202				LEASE NAME D. Johnson			
		OR PRINT out completely		WELL NUMBER 1-10			
and return to Cons. Div. office within 30 days.			1980 Ft. from S Section Line				
			daysı	1980	_ Ft. from E	Section Line	
LEASE OPERATOR W. G. Harris Oil & Cas				sec. <u>10</u>	SEC. 10 TWP. 32S RGE. 33 (E) or (W)		
ADDRESS 621 17th St. Suite 1640 Denver, CO 80293				COUNTY _	COUNTY Seward		
PHONE#(303) 296 2006 OPERATORS LICENSE NO. 9953				Date We	Date Well Completed na		
Character of Well DSA				Plugging	Plugging Commenced 8-12-85		
(Oil, Gas, <u>D&amp;A</u> , SWD, Input, Water Supply Well)				Plugging Completed <u>8-13-85</u>			
Did you notify the KCC/KDHE Jo	Int District Of	flce p	rior to	plugging 1	this well? <u>y</u>	es	
Which KCC/KDHE Joint Office did	d you notify?	Dodge_	City				
is ACO-1 filed? yesif	not, is well l	og att	ached?	<del></del>			
Producing Formation <u>na</u>	Depth	to Top		Botto	omT•	D. 6075	
Show depth and thickness of al	l water, oil an	d gas	formatio	ns.		٠	
OIL, GAS OR WATER RECORDS		-	CA	SING RECO	RD	<del></del>	
Formation Content	From				Pulled out	1	
	1654	suri	<u>8-5/8</u>	1643.46 	_none		
Describe in detail the manner	in which the we	oll was	plugged	, Indicat	ing where th	e mud fluid was	
placed and the method or method were used, state the character	of same and de	pth pl	aced, fr	om feet	to feet ea	ch set.	
Plugged well w/285 sx 60/40 Poz 50 sx @ 650, 10 sx @ 40' w/sol							
(If additional descr	ription is nece	ssary,	use BAC	K of this	form.)		
Name of Plugging Contractor I	Halliburton Ser	vices		· 	License No	5287	
Address <u>Highway 54 West, Liber</u>	ral, Kansas 679	101	<del></del>	<del></del> _	<u> </u>		
STATE OF Kansas	COUNTY OF _	Ş	eward		_,ss.		
Harold K. Frauli above-described well, being fin	rst duly sworn	on oat	(Emp	loyee of (	Operator) or	(Operator) of	
statements, and matters herein the same are true and correct,	contained and	the lo					
The same are true and correct,	30 norp me 000	(51	gnature)	Hawle	Kria.		
· ·		( A d	dress)	P.O. Box ]	1884, Libera	l, Ks_67901	
SUBSCRIBED AND	D SWORN TO befo	ore me	this <u>19</u>	th day	ot_augi	19 85	
Elaine Long NOTARY PUBLIC				Eolo Noti	ine Jan	•	
State of Kansas My Commission  My Appointment Expires:	Expires:		RE	ECEIVED COMMI	,	U	
10-4-86		_			JOIUN	Form CP-4	
The same of the sa	Ų.	1-4-8	5 · 5th	) 9 Kas		Revised 08-84	

CONCEDIATION DIVIDION

Form CP-4 Revised 08-84

9-9-85 SEP 9 1800