1 qA	NUMBER_		151751006100
		.4	

STATE OF RANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Vichita, Kansas 67202	K.A.R82-3	i-117		API NUMBER 151751006100 -			
	TYPE OR PRI	NT		MBERB #1			
	NOTICE: Fill out of and return to Cooffice within 3	ons. Div.		_ Ft. from S	Section Line		
				_	Section Line		
EASE OPERATOR Amoco Product	· · · · · · · · · · · · · · · · · · ·		• <u>33</u> (E) or (W)				
ADDRESS P.O. Box 800, Denve	COUNTY _	Seward					
PHONE# (303) 830-5025 OPERA	TORS LICENSE NO.	5952	Date Wel	II Completed	4/4/64		
Character of Well	•		Plugging	g Commenced _	<u>9/14/88</u>		
Oll, Gas, D&A, SWD, Input, Wat	ter Supply Well)	-	Plugging	Completed _	9/20/88		
old you notify the KCC/KDHE Joi	Int District Office	prior to	plugging t	his well?	Yes		
thich KCC/KDHE Joint Office die	d you notify?I	Oodge City	·	- <u>-</u> -			
s ACO-1 filed? <u>Yes</u> If	not, is well log a	ttached?					
Producing Formation <u>Kride</u>							
Show depth and thickness of all	l water, oil and ga	s formatio	ons.				
OIL, GAS OR WATER RECORDS	in the same	C/	ASING RECOF	RD			
Formation Confidence	onini E- o- To	C1 ==	Du4 1-	Dulled - vid			
CONHIGHA CON	From To	Size	ĺ	Pulled out			
Surface control of	1988	8-5/8" 4-1/2"	·	0'			
	·						
Describe in detail the manneau placed and the method or miletal were used, state the character Pump 2 sx. hulls - 20 sx. cem 5 sx. cement 35' to 5' - pres	of same and depth ent, mud to 670' -	ing It int placed, fi pump 20 s	to the hole romfeet t x. cement	e. If cement to feet ead displace w	or other plug ch set. 7ith mud to 35		
level and cap. Mr. Glen Barlo							
(If additional descr	iption is necessar	y, use BAC	CK of this	form.)			
Name of Plugging Contractor			_	lcense No.	6497		
Address Box F. Sublette. KS	67877						
STATE OF Kansas	COUNTY OF Ha	ıskell		_,SS•			
I, J.L. Hampton bove-described well, being fire tatements, and matters herein the same are true and correct,	contained and the so help me God.	ath, says	That I has above-des	ve knowledge	(Operator) of e of the facts as filed that		
				x 800 Den	ver CO 8020		
SUBSCRIBED AND) SWORN TO before m			_ '	_		
	_	9.	uei a.	lister			
My Commission	Expires: 4-7-	90	Nota	ry Public			