STATE CORPORATION COMMISSION 200 Calgrada Davby Building	K.A.R.		-1 †7	API NUI	API NUMBER 15-129-21,254-0000		
Vichira, Kamsas 67202				LEASE !	LEASE NAME Krey		
•	TYPE OR PRINT				WELL NUMBER 3-30		
HOTICE: Fill out completely and return to Cons. Div. office within 30 days.				•	Ft. from S Section Line		
					<del></del>	E Section Line	
LEASE OPERATOR Hugoton Energy Corp.				sec. 30	TWP. 325 RG	E.40W (W)	
LEASE OPERATOR Hugoton Energy Corp.  ADDRESS 301 N. Main #1900 Wichita, Kansas 67202  PHONES (316) 262-1522 OPERATORS LICENSE NO. 3871  Character of Well Gas  (011, Gas, 0&A, SWD, Input, Water Supply Well) MAY 9 (1995)  The plugging proposal was approved on $\frac{CONS_{LR_{VL}}}{CONS_{LR_{VL}}}$					Mort	on	
PHONE ( 316) 262-1522 OPERATORS LICENSE NO. 3871					Oate Well Completed		
Character of Well Gas				Pluggin	Plugging Commenced 5-17-95		
(Oli, Gas, O&A, SWD, Input, Wat	er Supply Wel	MA	19 1 100m	MISSIPA uggin	g Completed	5-18-95	
The plugging proposal was appro	NOS no beve	$S_{EH}$ .	1395		·	(date)	
by Glen Barlow		·*ICHIY <u>A</u>	Many Ole	″″ (KC	C District /	Agent's Name).	
Is ACO-1 filed? If	not, is well	log a	ttached?_			·	
Producing Formation						•	
Show depth and thickness of all				·			
OIL, GAS OR WATER RECORDS				CASING RECO	RO		
Formation Content	From	Ta	Size	Put In	Pulled out		
			8 5/8"	1946'	none		
	<del></del>	·	4 1/2"	5642	2945.20	-	
Describe in detail the manner I			Lucaa	d	120 120 120		
placed and the method or metho were used, state the charact Pumped 200# hulls	ds used in in er of same a	trodua nd de	ing it i oth plac	nto the ho	le. If camen _feet_to	t or other plug feet each set	
2945' pulled to 2'	750 pumped 10	0 sac	s pulled	to 1980' '		led to 650' pumped	
40 sacks topped o	tt with 20 sac	ks 60,	/40 6% ge	<u> </u>			
						-	
Name of Plugging Contractor M	ike's Testing	& Sal	age,Inc.		oM eaneold	31529	
Address P.O. Box 209 Chase,	Kansas 6752	4			<del></del>		
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:		Hugoto	n Energy Co	orp.		
STATE OF Kansas	COUNTY OF	Rj	.ce	<u> </u>	_, 55.	•	
Mike Kelso			· (	Employee or	f Operator)	or (Operator) o	
Mike Kelso above-described well, being fir statements, and matters herei the same are true and correct,	a benistnoo n	nd the d.	log of	the above—	ave knowledg	e of the facts	
	•		lgnature	·	. / (		
·					Box 209 Cha		
SUBSCRIBED AND	SWORN TO befo	് വേദ്യ	this	26 day o		,19 * <u>95</u>	
				Love Nota	Markers		
USE ONLY ONE SIDE OF EAR	Expires: FORM R	LOTABP.	IRENE HER State of K	ZBERG	,	·	
		William .	My Appt. Exp. At	ug. 24, 1997		Form CP-4 Revised 05-88	