sai el p		15-119-10159-0000								
TATE OF KANSAS	II SSION	WELL PLUGGING RECORD  K.A.R82-3-117				API NUMBER 7-25-58				
100 Colorado Derby Bu Hichifa, Kansas 67202						LEASE NAME Ida K. Heinson				
		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER 8					
	8.0					NW SW NEFt. from S Section Line				
					_	Ft. from E Section Line				
EASE OPERATOR Glenn Supply Co. Inc.						SEC. 29 TWP. 33SRGE. 29W (E) or (W)				
DDRESS P.O.Box 1104 Tulsa, Oklahoma 74101						COUNTY <u>Meade</u>				
HONE#(918 <u>583=1101</u>	OPERATORS L	ICENSE N	10. <u>86</u>	33	Da	ate We	II Comple	ted		
Character of Well Oil						Plugging Commenced 4-15-94				
011, Gas, D&A, SWD, 1	Input, Water Su	ipply Wel	11)		P	uggin	g Complet	ed 4-19-	-94	
he plugging proposal	was approved o	, on	•	4	1-15	<b>-94</b>		•	(date)	
g Glenn Bar									•	
s ACO-1 flled?										
roducing Formation										
how depth and thickne	•					_ 50	· · · · · · · · · · · · · · · · · · ·	'•••		
		3r, 011 a	inu ya							
OIL, GAS OR WATER REC	CORDS	<u> </u>		C.	ASING	RECO	RD	<del></del>	<u></u>	
Formation Cor	ntent	From	То	Size	Put	1 n	Pulled o	ut		
	; F	-{	_	9 5/8		92	0			
<u></u> -		-}	-{	5 1/2	5	9.66	2556			
		- - <del></del>	-	\ <del></del>	<u> </u>		<del></del>	<del></del>	<del></del>	
escribe in detail, the	manner in whi	ch the w	rell w	as plugge	d , 1 n	dicat	ing where	the mud	fluid was	
laced and the method ere used, state the	or methods us character of	ed in in Fame s	itrodu ind de	cing it in	nto 1 ed:	rhe ho	ie. If ce	ment or o	ther plug:	
Pump 25 sks. of c	ement & 2 sk	s. of h	hulls	_to 5600	)				each Set	
Pump 60 sks. of c	ement from 1	020 to	920							
Pump 50 sks. of c	ement from 5	90 to 4	<u>400</u>							

Pump 50 sks. of cement from 500 to 400 Put 10 sks. of cement from 40 to 0 Cut off & cap 9 5/8 3' below ground level (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547 STATE CORPORATION COMMISSION RECEIVED Address P.O.Box 506 Liberal, Kansas 67905-0506

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Glenn Supply Co.Inc.

\_\_\_\_\_ COUNTY OF \_\_Meade\_\_

(Employee of Operator) or (Uperator) have knowledge of the facts, above-described well, being first duly sworn on oath, says: That I have knowledge of the statements, and matters herein contained and the log of the pope-described well as filed that the same are true and correct, so help me God.

(Signature)

(Address)

SUBSCRIBED AND SWORN TO before me this

My/ Commission Expires: 6-19-