|   | / F   | 005 01000  |
|---|---|--|
| STATE OF KANSAS<br>STATE CORPORATION COMMISSION<br>200 Colorado Derby Bullding<br>Wichita, Kansas 67202   | WELL PLUGGING RECORD 7 5<br>K.A.R82-3-117   | -095-01097-0000<br>API NUMBER N/A                              |
|   |   | LEASE NAME Bliss   |
| ·   | TYPE OR PRINT   | WELL NUMBER 2  |
| NOTICE:FILL out completely and return to Cons. Div. office within 30 days.  LEASE OPERATOR Pickrell Drilling Co.  |   | SPOT LOCATION SE SW NW   |
|   |   | SEC. 3 TWP. 30SRGE. 7 XXXXX (                                  |
|   |   | COUNTY Kingman   |
| ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202   |   | Date Well Completed N/A  |
| PHONE # (316) 262-8427 OPERATORS LICENSE NO. 5123   |   | Plugging Commenced $1/21/86$                                   |
| Character of Well <u>O/2</u><br>(Oll, Gas, D&A, SWD, Input, Water Supply Well)  |   | Plugging Completed $1/24/86$                                   |
| Did you notify the KCC/KDHE Joint   | District Office prior to plug   | ging this well? <u>yes</u>                                     |
| Which KCC/KDHE Joint Office did y   | ou notify? Wichita, KS  | <del></del>  |
| Is ACO-1 filed?If no  | t, is well log attached?  |  |
| Producing formation   |   |  |
| Show depth and thickness of all w   | ater, oil and gas formations.   |  |
| OIL, GAS OR WATER RECORDS   | CASI  | NG RECORD  |
| Formation Conten  | t From To Size Put  | in Pulled out  |
|   | 8 5/8 20  |  |
|   | 4 1/2 421   | 6 3700   |
| Describe in detail the manner in the mudifield was placed and the the hole. If cement or other plug depth placed, from feet to fee 10sx cement with dump bailer from 8 5/8 plug, 30sx cement, 60-40 POZ | method or methods used in intr<br>s were used state, the charact<br>t each set. <u>Plug back at 4174</u><br>4070 to 2900. Allied pump 3sx | oducing It Into<br>er of same and<br>, sand from 4174 to 4070. |
|   |   |  |
| Aumiller and VanGieson on locatio   | n<br>tion is necessary, use <u>BACK</u> of  | this form.)  |
| Name of Plugging Contractor <u>Cla</u><br>Address P.O. Box 187, Medicine L  | rke Corp.<br>odge, KŠ 67104   | License No. 5105   |
|   |   | **   |
| STATE OF Kansas   | COUNTY OF Barber  | , ss.  |
| Elmo Morgenstern (operator) of above-described well have knowledge of the facts, st the log of the above-described we correct, so help me God.  | I, being first duly sworn on o<br>atements, and matters herein o<br>II as filed that the same are   | ontained and   |
| HOTARY PUBLIC - State of Kansas  CAREN J. WINCHELL  | (Signature)<br>(Address) i  | Medicine Lodge, KS 67104                                       |
| FIRMULAI IN Annt Fen  | IBED AND SWORN FIOC PRIPAGE ME THE STATE CORFORATION COMMISSION   | Is 29 day of January, 1986                                     |

JAN 3 1 1986 1-31-860 CONSERVATION DIVISION Wichita, Kansas

My Commission expires: June 29, 1987

Form CP-4 Revised 01-84