STATE OF KANSAS STATE CORPORATION COMMISSION Ħ

WELL PLUGGING RECORD K.A.R.-82-3-117

API	NUMBER	15-151-10459-0	0-0

20 Colorado Derby Building	LEASE NAME Chitwood						
	ТИ	WELL NU	WELL NUMBER				
NOTICE: Fill out completel and return to Cons. Div				Ft. from S Section Line			
•	office wit					E Section Line	
Paumaia d. O	41 o				_	•	
LEASE OPERATOR Raymond O	 -		E. 12W (W)				
ADDRESS Box 167 Lyons, Ks. 67554						t	
PHONE#(316 257-3161 OPERATORS LICENSE NO. 5046						d 10-2-43	
Character of Well Oil	_	_	6-19-90				
(OII, Gas, D&A, SWD, Input, Wa	ater Supply Wel	1)		Pluggin	g Completed	6-21-90	
The plugging proposal was app	roved on			 	 	(date)	
by				(KC	C District	Agent's Name).	
Is ACO-1 filed?I						•	
Producing Formation							
Show depth and thickness of a						`•	
• .	-	ina ga					
OIL, GAS OR WATER RECORDS	1			ASING RECO		,	
Formation Content	From	То	Sīze	Put in	Pulled out		
		-	8 5/8"	303 4485	none		
		-		4485	none		
Describe in detail, the manner placed and the method or method were used, state the charac Sanded bottom	nods used in in ter of same a m to 3650' dump	trodu nd de ed 5	cing it i pth plac sacks cem	nto the hoed, from_ ent. Shot	le. If ceme _feet to_ pipe @2821'	nt or other plugs	
	ped off w/40 sa						
(if additional desc	ription is nec	essar	y, use BA	CK of this	form.)		
Name of Plugging Contractor	Kelso Casing P	ullin	g, Inc.		License No.	ncc60500	
Address Box 347 Chase, KS.	67524				STATE CO	RPORATION COMMISSION	
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:		Raymond (Oil Company	v. Inc.	11 1 9 19901	
	COUNTY OF				(NSERVATION DIVISION	
R. Darrell Kelso				Emalayaa a	-	Wichita, Kansas or (Operator)	
above-described well, being fi statements, and matters here the same are true and correct,	rst duly sworn oin contained a	nd th	ath, says:	: That I ha	eve knowled	ge of the facts,	
٠.	·		Signature	11/W	2-96	ela-	
		(Address)	P.O. Box	347 Chase,	KS. 67524	
SUBSCRIBED AN	ID SWORN TO bef	ore m	e this 1	day o	of July	,19 <u>90</u>	
% · · · · · · · · · · · · · · · · · · ·				Dedna	Mes	less	
My Commission	Expires: F	OTARL	IRENS HE		ary Public	/ /	
,			State of h My Appt, Exp. A	(ansas [Form CP-4 Revised 05-88	

Form CP-4 Revised 05-88