STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUMB	BER 15-191-2186 7-000 0		
LEASE NA	ME Jenista		
WELL NUM	IBER _1-7		
_NE,SW,	MHFt. from S Section Line		
	Ft. from E Section Line		
SEC.7	TWP 35s RGE. 3 (X) or (W)		
COUNTY	Sumner		
Date Wel	Completed 10-2-85		
Plugging	Commenced 6-23-88		
	Completed 7-7-88		
is well?			
Botto	omT.D4930		
ns.			
SING RECOR	RD		
Put In	Pulled out		
625	none		
<u>4914</u>	none 3622		
	ng where the mud fluid wa		
to the hol ad. from	le. It coment or other plug feet to feet each set		
ailer			
1 100 sx	cement		
K of this	form.)		
	icense No. 5105		
	,ss.		
: That I h	Operator) or (Operator) of ave knowledge of the facts cribed well as filed that		
Charl.	Merueston		
P.O. Box	187 Med. Lodge Ks. 67104		

√00 Colorado Derby Building Wichita, Kansas 67202	LEASE NAM	LEASE NAME Jenista	
TYPE OR PRIMT	WELL NUME	3ER _1-7	
NOTICE: Fill out completely and return to Cons. Div.		Ft. from S Section Line	
office within 30 days.		Ft. from E Section Line	
LEASE OPERARORE Exploration Rive Exploration		TWP 35s RGE 3 (%)or(W)	
ADDRESS 300 W. Douglas Sute 645 Wichita Ks 67202	COUNTY	Summer	
PHONE # (316) 262-5418 OPERATORS LICENSE NO. 5020	Date Well	Completed 10-2-85	
Character of Well Oil	Plugging	Commenced 6-23-88	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)		Completed 7-7-88	
Did you notify the KCC District Office prior to plugging thi			
Which KCC Office did you notify? Wichita			
is ACO-1 filed?If not, is well log attached?			
Producing Formation Depth to Top			
Show depth and thickness of all water, oil and gas formation			
OIL, GAS OR WATER RECORDS CAS	SING RECORD)	
Formation Content From To Size F	Put In F	Pulled out	
8 5/8	625	none	
		3622	
	 -		
placed and the method or methods used in introducing it in were used, state the character of same and depth place Sand back from 4908 to 4820 4sx cement dump be pump in 3- hull 10 Jell 50 sx cement 10 sx Jell	to the hole d, from ailer	e. If coment or other plug feet tofeet each set	
60-40_POZ 6%_jel1	<u></u>	<u> </u>	
(If additional description is necessary, use BACK	K of this f	form.)	
Name of Plugging Contractor Clarke corporation	L1	cense No. 5105	
Address P.O. Box 187 Medicine Lodge			
STATE OF Kansas 67104 . COUNTY OF Barber	,	, S S •	
Elmo Morgenstern (Empl	loyee of Op	perator) or (Operator) o	
above-described well, being first duly sworn on oath, says: statements, and matters herein contained and the log of the the same are true and correct, so help me God. (Signature)?	: That I ha above-desc	ave knowledge of the facts	
MOTARY PUBLIC - State of Kapass CAREN L. WINCHELL (Address)		87 Med. Lodge Ks. 67104	
My Appt Eto AND SWORN TO before me this 8	day of	July ,1988	
	en Oll	DRECTIVEY OF	
My Commission Expires: 199) MOTATE	CORPORATION COMMISSION	
	•	JUL 1 1 1988 Form CP-4	
·		00C [* 100Revised 07-86	

CONSERVATION DIVISION Wichita, Kansas