STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGG K.A.R		RECORD -117	API NUMB	API NUMBER 15095-21044 ~ 2000		
Wichite, Kansas 67202				LEASE NA	LEASE NAME_Depenbush		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUM	MBER		
r					_ft. from S	Section Line	
•				NW-SW-S	WFt. from E	Section Line	
LEASE OPERATOR Marathon Oil				SEC. 29	TWP.29S RGE	10 XXXXXX (W)	
ADDRESS RR1, Box 25, Medicine Lodge, KS 67104				COUNTY _	Kingman'		
PHONE# (316) 886-5606 OPERATORS LICENSE NO. 5171				Date Wel	1 Completed	1-18-89	
Character of Well <u>Gas</u>				Plugging	Commenced	12-11-92	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Plugging	Completed	12-21-92	
The plugging proposal was approv	/ed on12	2-8-9	2 KCC I	ECEIVED		(date)	
by <u>Mike Wilson - Wichita</u>			DFC	و# المراثة (KC)	C District A	gent's Name).	
Is ACO-1 filed? If r	not, is well I	log at	ttached?	· · · · 1992			
Is ACO-1 filed? If reproducing Formation	Depth	to To	//// q<	TA, KS Botto	omT.(2679	
Show depth and thickness of all							
OIL, GAS OR WATER RECORDS			C/	ASING RECOR	RD		
Formation Content	From	То	Size	Put In	Pulled out		
			8· 5/8	263	none		
		· ·	2.7/8	2710	1495		
Describe in detail the manner in placed and the method or method	i which the we ds used in inf	rodu:	as plugger cing it is	d, Indicati nto the hol	ing where the le. If cemen	e mud fluid i t or other pi	
were used, state the characte	er of same an	eb br	pth plac	ed, from_	_feet to	feet each se	
pump 20sx bottom, comm cement, r 325, circulate to surface	HIG. Stop 150	U. sn	ut orr, pu	illed up, s	spot 33SX at	1493	
Allied	VanGei	son a	nd schrant	t on locati	on		
(If additional descr	iption is nece	essar	y, use BA	CK of this	form.)	 -	
Name of Plugging Contractor	Clarke Corpora	tion		<u>``</u> _	License No	5105	
Address P.O. Box 187, Medicine	Lodge, KS 671	04			· 		
NAME OF PARTY RESPONSIBLE FOR P	LUGGING FEES:			····			
STATE OF Kansas	COUNTY OF _	E	arber		_,ss.		
Elmo Morgenstern above-described well, being fire				Employee o	f Operator)	or (Operator)	
statements, and matters herei	n contained ar	nd th	arn, says e log of	the above-	ave knowledg described we	e of the faction that the filed the	
the same are true and correct,	so help me God	d.	Signature	100 M	P911		
NOTARY PUBLIC STATE OF KANSAS					oden VI	<i></i>	
SUBSCRIBED AND	CWOOM TO L.E			Medicine I		10.00	
SUBSCRIBED AND	SHUKN IU DOT	ore .W	1.		of <u>December</u>	, 19 <u>92</u>	
TOTAL OF GRO		_		nda TY	ary Public		
The Commission	Expires: Au	g 17,	1994				

7 to 12-23-92

Form CP-Revised 05-8