STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202

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API NUMBER 15-047-21234 00

LEASE	NAME	Brasfield	

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

WELL NUMBER 1-19

Ft. from S Section Line

 г	II ORA	J	2801104	Cine
 Ft.	from	Ë	Section	Line

	Ft. from E Section Line
LEASE OPERATOR F.G. Holl Company, LLC	SEC. 19 TWP 24 S RGE 18 XXX OF (W)
ADDRESS PO Box 780167 Wichita, Ks. 67278-0167	COUNTY Edwards
PHONE () OBERATORS LICENSE NO.	Date Well Completed
Character of Well 011 GAS	Plugging Commenced
(OII, Gas, O&A, SWO, Input Water Supply Well)	Plugging Completed 9/2099

ро	plugging	proposal	¥83	approved	on		e 75b)
						(KCC Olstrict Agent's	Name 1

Ьγ		(KCC Olstrict Agent's Name).
1 3	ACO-1 filed? If not, is well log attached?	RECEIVED KANSAS CORPORATION COMMISSION

Producing Formation ______ Depth to Top _____ 8ottom _____T.D.

Show depth and thickness of all water, oil and gas formations.

OCT 06 1999

OIL, GAS OR WA	TER RECORDS	<u></u>	CASING RECORD CONSERVATION DIVISION						
Formation	Content	from	To	Sizo	Put In	Pulled out			
				8 5/8"	 2691 				
				4 3"	4535	2238			

Describe in detail the manner in which the well was plugged, indicating where the mud fluid we placed and the method or methods used in introducing it into the hole. If coment or other pluy were used, state the character of same and depth placed in feet to the feet each so Sanded to 4226. Bailed 4 sks portland. Shot at 2238 pulled to 1100. Pumped 10 sel/50 sks. cement. Pulled to 300. Pumped 50 sks. Pulled to 40. Pumped 10 sks. Pulled last joint. Hole stayed full.

то емви	Plugging	Contracto	r Quality	Well	Service	, Inc		Liconso	но. 31925	
			Sterling,							_
NAME OF	PARTY RES	PONSIBLE	FOR PLUGGING	FEES:	F.G.	Ho11	Company,	LLC		
STATE OF	i		רחוואד	TY OF						

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

APRIL 2.

A. DANNY DODD

(Address)

(Address)

(My Appt. Expires 4-2-20)

(Signature) Olivy N. (Address)

(Address)

5th day of OCTOBER, 15

USE ONLY ONE SIDE OF EACH FORM

Notary Public

Raylord D5-