			• •	<u>-</u> .	• •	· · · · · ·
	ANSAS ORATION COMMISSION do Derby Building		-82-3-117	API		15-151-21,754
	ansas 67202	4	* '	LEA	SE NAME	Thompson "W" *
		TYPE O NOTICE: FIII and return office wit	R PRINT out compl to Cons.	etely Div. 19	L NUMBER	from S Section Li
LEASE OPER	ATOR Petroleum, I	ne.		SEC	29_TWP.	28 RGE. 15 XXXXXX
ADDRESS <u>I</u>	o.O. Box 1447 Grea	t Bend, Kansas	67530	cou	NTY Pra	tt
PHONE#(316	793-8471 OPE	RATORS LICENSE N	o523	8 Dat	e Well Co	mpleted <u>12-23-85</u>
Character	of Well D&A	_		Plu	gging Com	menced 12-23-85
(0il, Gas,	D&A, SWD, Input, N	later Supply Wei	1)	. Plu	gging Com	pleted 12-23-85
Did you no	tify the KCC/KDHE .	Joint District O	ffice pri	or to plugg	ing this	well? Yes
Which KCC/	KDHE Joint Office	iid you notify?_	Dod	ge City		
1s. ACO-1 f	iled?No	f not, is well	log attacl	ned? <u>No,</u> v	vill follo	ow w/ACO-1
Producing	Formation N/A	Depth	to Top_		Bottom_	т.р4950
Show depth	and thickness of a	ill water, oil a	nd gas for	mations.		
OIL, GAS	OR WATER RECORDS		·	CASING	RECORD	
Formation	Content	From surface	To Size			ed out
placed and were used, Plugge	n detail the manner the method or meth state the characte ed well with 175 sa O sax; rathole- 15	ods used in int or of same and d x 60/40 Poz 6% g	roducing i epth place gel; 4890!	it into the ed, from f - 30 sax; 9	hole. If eet to 960!-50	cement or other p feet each set. Sax; 380'- 50 sax;
	(If additional des	cription is nec	essary, us	se <u>BACK</u> of	this form	•)
Name of P1	ugging Contractor_	Woodman-Iannitti	<u> </u>		Licen	se No5122
	022 Union Center,		67202	·		
STATE OF	Kansas	COUNTY OF	Bar	ton	,ss.	
- h	Monte Chadd ribed well, being f			(Employee	of Opera	tor) or (Operator)

P.O. Box 1447, Great Bend, KS 67530 (Address) SUBSCRIBED AND SWORN TO before me this 22nd day of January 19 86 REU : STATE CORPORATION COMMISSION Juan D. Munz 11-09-88 Notary Public My Commission Expires:

(Signature)

JAN 27 1980

CONSERVATION DIVISION

the same are true and correct, so help me God.

HOTARY PUBLIC - State of Kansas JUAN D. MUNZ My Appt Exp.//-9-8

Form CP-4 Revised 08-84

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