

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM-TULSA D.C.

FEB 11 11 26 AM '93

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. KSNM 68740
2. Name of Operator EDGAR W. WHITE	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P O DRAWER "0" Elkhart KS 67950 316-697-2163	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1250 ft from N Line & 1250 ft from E. Line of SE 1/4 of 18-34-43-27	8. Well Name and No. Red Cave #3
	9. API Well No. 15-129-20,403-00-00
	10. Field and Pool, or Exploratory Area Interstate
	11. County or Parish, State Morton County, Kansas

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>plugging</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well has now been plugged see State report attached.

RECEIVED
STATE CORPORATION COMMISSION

FEB 24 1993

CONSERVATION DIVISION
Wichita, Kansas

2-24-93

CONDITIONS OF APPROVAL:

APPROVED AS TO THE PLUGGING OF THIS WELL ONLY. UPON COMPLETION OF SURFACE RESTORATION, NOTIFY THIS OFFICE BY SUBMITTING AN ORIGINAL AND FOUR COPIES OF SUBSEQUENT REPORT OF COMPLETING SURFACE RESTORATION (FORM 3160-5).

KANSAS Corporation Commission

14. I hereby certify that the foregoing is true and correct

Signed Edgar W. White Title Owner-Operator Date 02/08/93

(This space for Federal or State office use)
Approved by (ORIG. SCD.) VIRGIL L. PAULI Title CHIEF, BRANCH OF FLUID OPERATIONS Date FEB 19 1993

Conditions of approval, if any: