STATE OF KANSAS

WELL PLUGGING RECORD

14 - 14:

15-151-31436-00-00

FORM CP-4 Revised 07-86

STATE CORPORATION COMMISSION 200 Colorado Derby Building Vichita, Kansas 67202	K.A.R82-3-117		API NUMB	API NUMBER 6-1985 LEASE NAME Steve Williams		
		LEASE NA				
	TYPE OR		WELL NUMBER #1			
	NOTICE: Fill out		Ft. from S	Section Line		
•	office withi		Ft. from E	Section Line		
EASE OPERATOR Farrar Pump	& Supply	SEC . 8	TWP 28sRGE	• <u>15</u> (Æ)or(₩)		
DDRESS P.O. box 209 Medicine Lodge, Ks 67104				Pratt	·	
HONE#(316) 886-3763 OPERATORS LICENSE NO. 03399				l Complete,d	7-18-84	
haracter of Well <u>Oil</u>				Commenced	1-12-88	
Oll, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed $1-29-88$		
Old you notify the KCC District	Office prior to	o plugging t	his well?	yes		
Which KCC Office did you notify						
Is ACO-1 filed?lf	not, is well lo	g attached?		· · · · · · · · · · · · · · · · · · ·	CHANGESIAN	
Producing Formation <u>Miss</u>	Depth t	4632 <u>4656 </u>	Botto	4640 m <u>4662^{COFC}T</u>	D• 46843	
Is ACO-1 filed?If Producing Formation <u>Miss</u> Show depth and thickness of all	water, oil and	gas formati	ons.	(-	O 2 - 50 O CO C	
OIL, GAS OR WATER RECORDS			ASING RECOR		Miching Rangas ENATION DIVISION	
Formation Content 8 5/8		o Size 198 8 5/8	Put In 398	Pulled out	Mirror	
5 3 7 8		694 5½	4694	2900		
			<u> </u>			
Describe in detail the manner is placed and the method or method were used, state the charact and from 4640 to 4580 5 hull 10 Jell 10	ods used in intreer of same and isx cement dum t - 10 jell - 1500 sand li	oducing it i depth plac ip bailer plug 100s ne	nto the holed, from	e. If cemen feet to	t or other plug _feet each set _	
E1ma (if additional descr	and Piffer on Iption is neces		CK of this	form.)		
Name of Plugging Contractor <u>C</u>	<u>larke Co</u> rpora	tion	 	Icense No.	5105	
Address 107 W. Fowler M	edicine Lodge	·				
STATE OF Kansas 67104	COUNTY OF	Barber		, s s •		
above-described well, being fi statements, and matters herein the same are true and correct,	contained and t	on oath, say	s: That I he above-des	ave knowled	r (Operator) o ge of the facts I as filed tha	
NOTARY PUBLIC - State of Kensas CARREN J. WINCHELL My Appl. Exp. DB.S.GR-ID-ED AND) SWORN TO befor	(Address) e me this	day o	1 20	19 88	
			Dien	Wine	Phe D	
My Commission	Expires:	1001,1°	79) No ta	ry Public)	