STATE OF KANSAS

WELL PLUGGING RECORD

STATE CORPORATION (K.A.R.	-82-3	-117	API NUM	BER_ 154	8-1-60159-0000		
fichita, Kansas 67		TYPE OR PRINT NOTICE: Fill out completel and return to Cons. Div office within 30 days.			LEASE NAME Sarogum				
λ						WELL NUMBER SWD #1A			
	ar					Ft. from	m S Section Line		
	(5080'	5080 Ft. from E Section Line			
EASE OPERATOR Amo	oco Production Co	o			SEC. <u>27</u>	_TWP.28 F	RGE. <u>39</u> (<u>₹x</u> or(₩)		
Ulysses Operation Center, Rt. 3, Box 71 Ulysses, Ks. 67880 PHONE#(316)_356-1237OPERATORS LICENSE NO. 5952					COUNTY	COUNTYStanton			
					Date Well Completed 1974				
Character of Well <u>SWD</u>					Pluggin	Plugging Commenced 8-21-92			
OII, Gas, D&A, SWD	Pluggin	Plugging Completed 8-21-92							
he plugging propos	al was approved	on <u>8-17</u> -	<u>-1992</u>				(date)		
ру	Mr. Glenn Barlo	<u> </u>			(KC	C District	t Agent's Name).		
s ACO-1 filed?	eslf not	, is well t	log a	ttached?					
roducing Formation							т.р. 1523'		
how depth and thic									
OIL, GAS OR WATER	RECORDS -			C	ASING RECO	RD -	***		
Formation	Content	From	То	Size	Put In	Pulled or	u† .		
Surface				8 5/8"	7061	.0.			
Production		_		51/3"	1523'	0'			
escribe in detail laced and the met ere used, state Set CIBP @ 1340!	thod or methods we the character of and can with 2	used in Int of same an Sks. cemen	trodu nd de it.	cing it i	nto the ho ed, from_	le. If cer	ment or other pi		
Pump 5½" casing Dug out cellar to					Teast				
(If add1	tional descript	on is nece	essar	y, use <u>BA</u>	CK of this	form.)			
ame of Plugging Co	ontractor <u>. Midwe</u>	st Casing	PUlli	ng Servic	<u> </u>	License No	STATE 49 FIECEIVED		
ddress <u>Box F, S</u>	ublette, Ks. 678	77							
AME OF PARTY RESPO	NSIBLE FOR PLUGG	ING FEES:	Amc	oco Prod.	<u>Co.</u>		AUG 2 5 1992		
TATE OF KANSAS		COUNTY OF _	H	ASKELL		_,ss.	CONSERVATION DIVISIO Wichita, Kañsas		
NOTARY PUBLIC	I, being first datters herein co atters herein co and correct, so h RAL EVES -STATE OF KANSAS	ontained an	id the	ath, says:	: That I hat the above-	ave knowle	r) or (O <u>oper⊗xtxov</u> r) adge of the fact		
My Appt. Exp	12-6-92		()	Address)	Bex F	, Sublette	, Ks. 67877		
su	BSCRIBED AND SWO)RN TO befo	ore m∶	e this 24t	<u> </u>	of Angust	,1992		
48	Commission Expi	ras. 10-	6-9:		Not	ary Public	:		
му	COMMISSION EXPI	· ~~·	10	· •					