STATÉ OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building

WELL PLUGGING RECORD

K.A.R.-82-3-117

API NUMBER 15-047-20,785-6600

Nichita, Kansas 67202				LEASE N	LEASE NAME Mayhew		
TYPE OR PRINT							
NOTICE: Fill out <u>completet</u> and return to Cons. Div							
•		office within 30 days.			Ft. from E Section Line		
OMPRIANCE DE	B. T. T. T. B. C.				_		
EASE OPERATOR STERLING DIRLLING COMPANY P.O. Box 129				SEC.4	SEC.4 TWP. 26 RGE.16W (E) or (W)		
DDRESS Stelring, KS 67579				COUNTY	COUNTY Edwards		
HONE#(310 278-2131 OPERATORS LICENSE NO. 5142					Date Well Completed		
Character of Well					Plugging Commenced 9/26/88		
Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed 10/2/88		
The plugging proposal was app	roved on					(date)	
py				(KC	C District Age	entis Name).	
s ACO-1 filed?1	•						
roducing Formation							
OIL, GAS CONFINANTER RECORDS							
OIL, GAS ON WANTER RECORDS				ASING RECO	RD		
Format Content	From	To	Size	Put In	Pulled out		
GTATE TO THE STATE OF THE STATE	<i>7-00</i>	<u> </u>	8 5/8	445	none		
Describe in Constant the manner		·	$\frac{4}{1/2}$	4545	2268		
SERVATA (SITE				1-11-4			
laced and the method or meti	n watch the w hods used in in	trodi	was plugge ucing it i	nto the ho	ing where the	or other plu	
ere used, state the charac	ter of same a	nd d	epth plac	ed, from	feet to f	eet each se	
Plugged bottom with s with 400# hulls, 10 c	gel, <u>50 sacks</u>	cer	ment, 10	gel. 100	Prugged su # hulls, 8	rrace 5/8 plug.	
120 sacks cement 60/4	lO pos 6% gel		•		·		
(If additional desc	cription is nec	essar	y, use BA	CK of this	form.)		
ame of Plugging Contractor	KELSO CASI	ŊG I	PULLING,	INC.	License No. 6	050	
ddress P.O. Box 347 Cha	se, KS 6752	2.4					
AME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:		STERLING	DRILLING	COMPANY		
TATE OF Kansas	COUNTY OF		Rice		,55.		
R. Darrell Kelso				Employee -	— f Operator) or	(00000000	
bove-described well, being fitatements, and matters here he same are true and correct,	ein contained a	nd th	oath, says	: That I h	ave knowledge	of the fact:	
	-	•	(Signature		see At the		
		((Address) ^I	0. Box	347 Chase, 1	KS67524	
SUBS CRIBED AN	ND SWORN TO bef	ore m	ne this4	lth day	of October	,198 <u>8</u>	
		_		Leene	2 /1000	as_	
ī		_		Not	ary Public		

My Commission Expires:

