STATE OF KANSAS STATE CORPORATION COMMISSION 200' Colorado Derby Building Wichitm, Kansas 67202

WELL PLUGGING RECORD · K.A.R.-82-3-117

API NUMBER_	15-647-20314 -000
LEASE NAME_	Gibson
uri . Milaber	. # 2

mit nomben to or order
LEASE NAME Gibson
HELL NUMBER #2
Ft. from S Section Line
Ft. from E Section Line
SEC. 10 TWP. s6SRGE. 16W (EX) or (W)
COUNTY Edwards

•	·	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.				WELL NUMBER # 2 Ft. from S Section Line			
	an								
		TIICO WIL	כ ווווו	o days.		_ Ft. from	E Section Line		
LEASE OPERATOR Gre	eat Eastern Ene	rgy & De	evelo	pment C	orpsec10	TWP. S6SR	GE.16W (XX) or (W)		
6/2 W. 4th Street ADDRESS Hoisington, KS 67544						Edward	s		
PHONE#() OPERATORS LICENSE NO. 9449						Date Well Completed 3/2/78			
Character of Well Oil						g Commence	d 3/28/89		
(Oil, Gas, D&A, SWD, input, Water Supply Well)						Plugging Completed 3/31/89			
The plugging propo	osal was approved	on							
	lf not,								
Producing Formatic	on	Depth	to T	ор	Botto	om	T.D. 4480'		
	ickness of all wate	er, oil a	nd ga	s formati	ons.	•	RECEIVED COMMISSION		
OIL, GAS OR WATER	RECORDS	1		C	ASING RECO	OD CTATE CO	JRPOHATIO 4-5-		
Formation	Content	From	То	Size	Put in	Pulled ou	*NPR 5 1989		
		_	.		461	none	SIZIOIO (C. C. C		
		-	<u> </u>	5 1/2		2723	CONSERANTION RAILS SE		
		-{					Michita		
placed and the me were used, state Plugged b	the manner in who sthod or methods us the character of cottom with sand surface with 500	sed in in f same a l to 433	trodu nd de 30',	cing it in pth plac ran 5 sa	nto the holed, from_ acks_ceme	le. If cem _feet to_ nt, shot	ent or other pl feet each s _@2723',		
(If add	litional description	on is nec	essar	y, use BA	CK of this	form.)			
Name of Plugging C	Contractor KELS	O CASIN	IG PU	LLING, I	NC.	License No	6050		
Address # P.O	. Box 347 Chase	. KS 6	7524						
NAME OF PARTY RESP	ONSIBLE FOR PLUGG	NG FEES:	Gre	at Easte	ern Energ	y & Deve	lopment Corp		
STATE OF Kans	sas co	UNTY OF	ŀ	Rice		_, ss.			
	R. Darrell Kels	30		(i	Employee of	f Operator) or (Operator)		
above-described we statements, and o the same are true	matters herein cor	talned a	nd the	e log of i	the above-	escribed of	well as filed t		
			(/	(asenbh	P.O. Box	347 Chas	se, KS 67524		
s	UBSCRIBED AND SWOR	N TO befo	ore me	this	Inc.	Time	,19 <u>89</u>		
•				د	No+a	erv Public			

My Commission Expires:

State of Karises Sty Appl. Erg. Aug. 15, 1989