| STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078 Wichita, KS 67202 RECEIVED COMMISSION TYPE OR PRINT NOTICE: Fill out completely NOTICE: Fill out completely Office within 30 days. 1977 1:00 18 | | | | | WELL NUM 4620 3300 SEC. 15 COUNTY Date Well | API NUMBER 15-155-21173-000 LEASE NAME Lawson WELL NUMBER 1-15 4620 | | |
|---|---|---|---------|-----------------------------------|--|--|-----------------------|--|
| (OII, Gas, D&A, SWD, Input, Water Supply Well) | | | | | | Completed _ | | |
| The plugging proposal was approved on BaxidxRxxWikkiams 7-17-97 (date) | | | | | | | | |
| by <u>David P. Williams</u> (KCC District Agent's Name). | | | | | | | | |
| Is ACO-1 filed? Yes It not, is well log attached? | | | | | | | | |
| Producing Formation Viola Depth to Top 4154 Bottom 4155 T.D. 4305 | | | | | | | | |
| Show depth and thickness of all water, oil and gas formations. | | | | | | | | |
| OIL, GAS OR WATER | · · · · · · · · · · · · · · · · · · · | <u></u> | | ···· | ASING RECO | | | |
| 1 | 1 | <u>] </u> | 1 _ ` ' | · | | Pulled out | | |
| Viola | Oil | 4154 | 4155 | 5 1/2 | 4300 | 1520 . | | |
| | | · | - | | | | | |
| Oescribe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugwers used, state the character of same and depth placed, from feet to feet each set 35 sks at 1305', 35 sks at 818', circulate to sufrace from 377'7120 sks Top out with 10 sks. | | | | | | | | |
| Name of Plugging ContractorShawnee Well Service, IncLicanse No30346 | | | | | | | | |
| Address Attica, KS 67009 | | | | | | | | |
| NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: R & B Oil & Gas, Inc. | | | | | | | | |
| | sasco | | - | | - | | | |
| - | | | | | | _ | or (Operator) a | |
| statements, and the same are true | rry ell, being first du matters herein con and correct, so he | stained a sipme Go | and th | e log of Signature Address) | P.O. Bo | moly 2/ | curvery ica, Ko 67009 | |
| N ST My App | SUBSCRWBERTYAND SWOF OTARY PUBLIC ATE OF KANSAS I. Exp. 1-21-2001 My Commission Expir | | _ | $\overline{}$ | tre S | of Novem | her ,19 97 | |