STATE OF KANSAS STATE CORPORATION COMMISSION		ING RECORD 82-3-117	API NUM	API NUMBER 45-075-20320-0000		
200, Colorado Derby Building Wichita, Kansas 67202	1		LEASE N	AME McDonald		
	TYPE OF	PRINT	WELL NU	MBER 2.		
A Company of the Comp		to Cons. Div.	C-NW%	Ft. from S S	ection Line	
•		on so days.		Ft. from E S	iection Line	
LEASE OPERATOR Wallace Oil	& Gas Inc.	· · · · · · · · · · · · · · · · · · ·	SEC.12	TWP.258 RGE.	39W (E)or(W)	
ADDRESS 50 Penn Place Suite 850 Okla., City, Okla.				COUNTY Hamilton		
PHONE 405) 840-2636 OPER	RATORS LICENSE NO	• 5855	, Date We	II Completed _		
Character of Well Gas	-	And The Supple	ν Pluggin	g Commenced	1-26-89	
(Oll, Gas, D&A, SWD, Input, V	/ater Supply (Wall	3 0 1989		g Completed		
Which KCC/KDHE Joint Office of	loint District Of	Morce prio <u>n//</u> ∄/α/	plugging	this well?	res	
Which KCC/KDHE Joint Office of	ild you notify?	ONSERVATION DIVE		Glenn Barl		
Is ACO-1 filed?	1					
Producing Formation Hugoto				om 2498 T.D.	2550	
Show depth and thickness of a			• •	· · ·		
OIL, GAS OR WATER RECORDS	i.	" c		RD	,	
Formation Content	From	To Size		- <u></u>	_i	
				· 		
Krider Gas	2400	8 5/8 988 4 1/2	<u>641</u> _2498	780		
Describe in detail the manner placed and the method or method	in which the we	il was plugged	d, Indicat	ing where the	mud fluid was	
vere used, state the character Pump 2 sks. of hulls &	or of same and de	oth placed, fi	rom feet	to feet each		
Pump 30 sks. of cement	from 1320 to 1	550	<u> </u>			
Pump 50 sks. of cement Put 10 sks. of cement f	from 650 to 4 rom 40 to 0 C		<u> </u>	3' below gr	ound level	
(If additional des	scription is nece	ssary, uso <u>BA</u>	CK of this	form.)	•	
Name of Plugging Contractor_	Sargent's Casi	ng Pulling	Service	License No	6547	
Address P.O. Box 506 Lib	eral, Kansas 6	7905-0506	·		·	
STATE OF Oklahoma	COUNTY OF _	Oklahoma	······	_,ss.	• .	
Phil Wallace			ployee of	Operator) or ((Operator) of	
above-described well, being statements, and matters here						
the same are true and correct		· -	.)	• \		
$\mathcal{J}_{\mathcal{J}}$		(Signature) tools	Make	E	
, a' ,	,	(Address)	-	· ·	<u> </u>	
SUBSCRIBED	AND SWORN TO befo	ore me this	5 day	ol may	,19 <u>89</u>	
2 3 3 x √		_ Quea	n Ym	ju	<u> </u>	
My Commission	on Expires: Que	11, 1991	Nof	ary Public	,	

Form CP-4 Revised 08-84