STATE OF KANSAS STATE CORPORATION COMMISSION 200 Cororado Derby Building Wichita, Kansas 67202

Wining Fig.

My Commission Expires:_

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

API NUMBER_	155-21,171-0006
LEASE NAME_	VANN

TYPE OR PRINT					
IOTICE: Fill out	completely				
and return to	Cons. Div.				
office within	30 days.				

WELL	NUMBER _		#1			
352	20	Ft.	from	s	Section	Line
495					Section	

				-
LEASE OPERATOR VAL?Energy, I	SEC36	$sec_{\bullet}36$ TWP. $25S_{RGE_{\bullet}}5W$ (E)or(W)		
ADDRESS Box 32 Haysville, Ks. 670	COUNTY	COUNTY		
PHONE#(316) 522-1560 OPERATORS LICEN			ell Completed	
Character of Well D & A			ng Commenced _	
Oll, Gas, D&A, SWD, Input, Water Supply	Well)	Pluggin	ng Completed _	7-16-91
The plugging proposal was approved on	7	7-16-91		(date)
Wichita Ks.				
Is ACO-1 filed? <u>yes</u> If not, is w				
Producing Formation <u>Simpson</u> D				
Show depth and thickness of all water, o				
OIL, GAS OR WATER RECORDS		CASING RECO	RD	
Formation Content : Fro	m To Size	Put In	Pulled out	
surface 0	${2108} = {8}$	78 210	None	
water 0		none	none	
placed and the method or methods used I were used, state the character of sam Fill hole with rotary mud, pum 430 ft, pump 35 sx plug at 260 15 sx plug in rathole	ne and depth p 35 sx pluc ft, pump 29	placed, from_ grat 830 ft,	_feet tof	feet each se [.] plud at
(If additional description is	necessary, us	se BACK of this	form.)	
lame of Plugging ContractorVAL E	nergy, Inc.		License No	5822
Addresssame			<u> </u>	
NAME OF PARTY RESPONSIBLE FOR PLUGGING F	EES:	VAL Energy,	Inc.	
TATE OF Kansas COUNTY	ofSedgr	vick	_,ss.	
K. Todd Allam		(Employee o	f Operator) o	r (Operator) :
bove-described well, being first duly statements, and matters herein contain the same are true and correct, so help m	ed and the log	says: That I h of the above- nture)	described, well	l as filed tha
RECEIVED PURISSION 7-26-91		ess)		
JUL 26 1991 SUBSCRIBED AND SWORN TO	before me thi			
CONSERVATIO		Darie	aste .a z	nno
Marie 18 4 1		Not	aby Public	

GARY D. STEARNS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp.

Form CP-4 Revised 05-8