1. 5 % STATE OF KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING RECORD

K.A.R.-82-3-117 API NUMBER 15-185-22, 315-0000

200 Colorado Derby Building Michita, Kansas 67202 TYPE OR PRINT				LEASE I	LEASE NAME TEICHMAN WELL NUMBER 1		
				WELL N			
	NOTICE: Fill out completely and return to Cons. Div.			2970	Ft. from S	Section Line	
	office within 30 days.					Section Line	
EASE OPERATOR Abercrombie Drilling, Inc.						E. 12W (E)or(W)	
ADDRESS 801 Union Center, Wichita, KS 67202				COUNTY	Stafford		
PHONE#(316) 262-1841 OPERATORS LICENSE NO. 5422					ell Completed	1/06/86	
Character of Well DRY				Pluggi	ng Commenced	1/06/86	
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Pluggii	ng Completed	1/06/86	
Did you notify the KCC/KDHE Joi	nt District 0	ffice	prior to	plugging	this well?	YES	
Which KCC/KDHE Joint Office did	you notify?_						
is ACO-1 filed? YES if	not, is well	log a	ttached?_		·		
Producing Formation						D3950'	
Show depth and thickness of all	water, oil a	ind ga	s formati	ons.			
OIL, GAS OR WATER RECORDS			c	SASING RECO	ORD		
Formation Content	From	То	Size	Put in	Pulled out	<u></u>	
			<u> </u>				
		-	-	<u> </u>	<u></u>		
·				-			
Describe in detail the manner i placed and the method or method were used, state the character	s used in int	roduc	ing it ir	ito the ho	le. If cement	or other plugs	
1st plug @ 750'/50 sx.	15 sx	./Rat	hole.			 	
2nd plug @ 380'/50 sx.			sehole.	1 /06 /96			
3rd plug @ 40! Sol. Bridge w/ (If additional descr	<u>iption</u> is nec	down . essar	y, use BA	<u>, 1/06/86. ACK</u> of this	s form.)		
Name of Plugging Contractor	Abercrombie	Drill:	ing, Inc.	 	_License No	5422	
Address 801 Union Center, Wich	nita, KS 6720	2		·			
STATE OF Kansas	COUNTY OF	Sed	gwick		,ss.		
Jack K. Wharton, Ass. Sec	c./Treas.		(Επ	nployee of	Operator) or	(Operator) of	
above-described well, being fir statements, and matters herein the same are true and correct,	contained and	l the					
South G. B. Mar.			Signature	Jack K. W	K. Wharlo	<u>~</u>	
		(Address)8		Center, Wichi	ta, KS 67202	
SUBSCRIBED AND	SWORN TO bef	ore m	e this 1	5thday	of January	,19 <u>86</u>	
PUBLIC		\leq	lix	Medic	G. Bri	tain	
My Commission	EXPIRES:	3-89	THE HEAD I		tary Public Brittain	-	
THE OF YOUR	· ST/	ATE CORP	ORATION COMMIS	SION	_	Form CP-4	

JAN 17 1986

Form CP-4 Revised 08-84