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

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

API NUMBER 15-185-21360-0000

LEASE NAME Knoche #2	LEASE	NAME_	K	noche	#2
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TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

ELL	NUMBER	# 2	
л	W-N Ft.	E NE from S Section	Line

		,			•		_ Ft. from E Section	Line
LEASE OF	ERATOR Ran	na Operating C	o. Inc	,		sec. 8	_TWP. <u>24</u> RGE. <u>12</u> (E)	or((W)
ADDRESS_	P.O.BOX.	159 - Stafford	' Hansa	s 6	7578	COUNTY	3tafford	
PHONE#(3	16, 234-	5/9/ OPERATORS	LICENSE I	ио. <u>З</u>	911	Date We	II Completed	
Characte	or of Well	oil	•			Pluggin	g Commenced 2^{-6-9} .	2
		D, Input, Water S					g Completed $2-10-9$.	
The plug	ging propo	sal was approved	on 2-	7-93) - ;	135 PM	(iate)
	e middle						C District Agent's Na	
Is ACO-1	filed? <u>1</u>	IES If not,						
Producin	g Formatio	n	Depti	h to T	ор	Bott	omT.D. <u>4033</u>	<u> </u>
Show dep	th and thi	ckness of all wat	er, oll a	and ga	s formati	ons.	STATE CORDON TIME COMMISSI	
OIL, GA	S OR WATER	RECORDS			C	ASING RECO	RD 2 18 COMMISSI	<u>Onj</u>
Formati		Content	From	To	Size 85/8	Put In	Pulled out 1292	
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					<u> </u>	7005	Tuditag "ON	
ļ				_ -	·	.		
Describe	in detail	the manner in wh	_	_			Ing where the mud fl	u I d
placed	and the me	thod or methods u	sed in i	ntrodu	as prugge cina it i	nto the ho	le. If cement or other	ulu i ar bl
were us.	ed, state in Hoke281	the character o oó'-fullingunil flu	of same a agral at 20	and de	epth plac 1/50 San	ed, from_ d and 55.	_feet tofeet ear x CemenT - Layed Do	ch si wn
1389' 5	5 Casing -	Plug Through 8 12	W/ 400	Pound	's Hills -	20 SX Gell	, 1755x 60/40 Poz, 6	010
		iper Plug-Pl	ug Lown	<u>e 101</u>	30 AU 0	n 2-10-92	- Allied Cementing -	
TICKE)	# 3/68-	itional descripti	00 15 00	206635	v neo RA	CK of this	form)	
	\wedge						License No. <u>30752</u>	
Address_	N.O. Bo	X7 Great	Bend	<u>. Ka</u>	nsas i	67530		
NAME OF	PARTY RESP	ONSIBLE FOR PLUGG	ING FEES	:	Tex B	rister		
STATE OF	Hans	a S c	COUNTY OF	_51	a Hord		_,ss.	
<u>Te</u>	x Brister	-Stafford Pump	Supply		(Employee o	f Operator) or (Opera ave knowledge of the	itor)
above⊸de	scribed we	II, being first d	uly swort	n on o	ath, says	: That I ha	ave knowledge of the	faç.

(Signature) (Lucleofed to Mes log (Address) P. O. Box 38, STO Hord Mail 67578

Notary Public

statements, and matters herein contained and the log of the aboya-described well as filed t

My Commission Expires: 1/-2-93

the same are true and correct, so help me God.