STATE OF KANSAS STATE CORPORATION COMMISSION

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

API NUMBER 15-185-22,922-0000

200 Colorado Derby Building fichitä, Kamsas 67202					LEASE NAME HOLMES		
		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			IMBER 1B		
Se.					5 Ft. from S	Section Line	
	d				 5 Ft. from #	Section Line	
EASE OPERATOR	MARTIN OIL PRO	DUCERS, IN	10.	SEC. 9		. <u>13W</u> (E)or(W)	
DDRESS 150 N.	Main, #1010	Wichita, E	KS 67202	COUNTY	Staffor	<u>d</u>	
HONE#(316): 264-0	352 OPERATORS	LICENSE NO.	5097	Date We	ili Completed	8/07/93	
haracter of WellD&A				Pluggin	g Commenced	8/07/93	
OII, Gas, D&A, SWI	D, Input, Water S	upply Well)	•	Pluggin	g Completed	8/07/93	
he plugging propos	sal was approved	on	8/06/	93		(date)	
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		1	943 101 114		on.		
OIL, GAS OR WATER				CASING RECO	NU .	<del> </del>	
Formation	Content	From 1	o Size	Put In	Pulled out	~	
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escribe in detail laced and the med ere used, state 50 sk @ 800'	thod or methods u	sed in intr f same and	oducing it I depth pla	into the ho	le. if cemen	t or other plu-	
50 sk @ 330 1		0/40 poz 6 3 8/07/93.			<del></del> -		
10 sk @ 40' 15 sk in rat		liburton #		· · · · · · · · · · · · · · · · · · ·			
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ame of Plugging Co	ontractor <u>A</u> LLE	N DRILLING	COMPANY		License No	5/theiven	
ddress P.O. Bo	x 1389, Great B	Bend, KS 6	7530		STATE C	OPPORATION COMMISSIO	
AME OF PARTY RESPO	ONSIBLE FOR PLUGG	ING FEES: _	MARTIN O	IL PRODUCE	RS, INC. A	UG 1 7 1993	
TATE OF Kans	as c	OUNTY OF	Sedgwick		_,ss. CONS	8-17-93 RVATION DIVISION	
K. S. Ma	artin, Presiden	nt		(Employee o	26	ichita, Kansas or (Operator)	
bove-described well tatements, and m he same are true a	li, being first d atters herein co	uly sworm on the state of the s	the log of	s: That I h	ave knowledge	of the facts	
			. (Signatur	<del></del>	1-Asto	4	
	-	-	(Address)	150 N. Ma	ain, #1010,	Wichita, KS	
	JBSCRIBED AND SWO	RN TO befor	<u> </u>		August	,19 93	
SARY PURE IMOGENE H			OM	ogne	Hit	· 	
My Appt. Exp. March	n 7, 1995 📱 ·	•		// Nota	ary Public		

USE ONLY ONE SIDE OF EACH FORM

Form CP-4