STATE OF KANSAS STATE CORPORATION COMMISSION.

WELT.	PLUGGING	อะเกาอา
W.C.L.L.	PLHINIT	RECUED

) ()	WELL	PLUGGING	RECORD					
Give All Information Completel		11 1						
Make Required Affidavit	Stafford County. Sec. 14 Twp. 24 Rge. 12 F(W)							
Mail or Deliver Report to Conservation Division	Locatio	Location as "NE/CNW\SW\\\ or footage from lines 660 from North line 330 from west line						
State Corporation Comm.	Lease 0		30 10	on who	Co		 .	
245 North Water	Lease Name Oconnor Wirkfatur Well No. /							
Wichita, KS 67202	Office	Office Address Tribero Honer						
	Charact	er of Well	L (Comp)	leted as O	il, Gas or	Dry Hole)_	zil	
<u> </u>		11 complet					19	
		tion for p			- An	rles	19 5/4	
		-		g approved			1954	
	Plugging commenced fully 3 9 1984 Plugging completed fully 3 0 1984							
	Reason for abandonment of well or producing formation for a producing well is abandoned, date of last production							
3								
³ 8 1		_					1978	
Locate well correctly on above Section Plat						on Division	or	
Name of Conservation Agent who				ing was co well	unenced?	-Ju		
Producing formation 2 in	<i>a</i> • ·	th to top		ottom	Total Der	th of Well;	850	
Show depth and thickness of al				ons,	- 0	<u> </u>		
OTT GAG ON WARRE DECORDS								
OIL, GAS OR WATER RECORDS						ASING RECOR	<u>D</u>	
FORMATION	CONTENT	. FROM	TO	SIZE	PUT IN	' BALTED ORI		
m. Werner	on-	9/11		6 5/8	oslend	30 - 0		
- Joseph Marchael		1 Polatin		105 Au	tare	1107		
Describe in detail the mann	on in which	the well :		and indi	and the sub-		 -	
was placed and the method or m								
plugs were used, state the cha	racter of sa	me and de	pth play	ced, from	3000	feet to		
3950 feet for each pl	ug set.		2 5 Tw			3,000 fort	<u> </u>	
fumped Coment down	Seeling to	pluy t	etten	Dunger	in 140	socks on	the	
29 9 July 54. Julled	where up	2 60	O feets	Maynfeel	another	1,40 rocks	amon &	
300 Lat Linch Tuhing	vitween.	Suraro 1.	sel go	way are	aded in	o io sark	dereni Carreni	
around to parface, the	led fin tu	him	lest	will de	F 3 day	ls Cemen		
Sittled, gut in	grof seod	y my	12/	fill of	enforce de	of Cassing	<u></u>	
- all Cook	ing and	- Surfac	e offe	8 fast	Selow-	ground les	ref_	
						<u>- </u>		
(If additional			ary, us	e BACK of	this sheet	:)		
Name of Plugging Contractor	Hallitown	ton						
								
STATE OF Hange	COTIN	TY OF	11	10	•			
He of the state of the state of	(JOUN)	ry Of —	Taff	vee of own		ss. wner or oper	.a+a w)	
of the above-described well, be	eing first d	uly sworn	on oath	. says: T	hat I have	e knowledge	of	
the facts, statements, and mati	ters herein d	contained	and the	log of th	e above-d	escribed wel	.1	
as filed and that the same are	true and co	rrect. So	hel.p m	e God.				
	(Sign	nature)	Heal	Fine	len		•	
	i		RR	Olewan	Hone	6757	-	
			A	(A	ddress)	<u> </u>		
SUBSCRIBED AND SWORN TO be	efore me this	5-th	day	of Lip	temper) 19 8%	γ_{i} .	
		n	ela l	4 1/01	b.	,		
		14	Juma	t. war	No.	tary Public.		
My commission expires $1/-2-3$	F.5				-,0	· · · · · · · · · · · · · · · · · · ·		
	STATE	RECEIVE CORPORATION (WANI NOTA	DA F. VOLKE RY: PUBL ate of Kansas	R· IC ∤		
	u	9-01-6		Sie	ite of Kansas	سلي .		

My Appointment Expires 11-2-55