GARLE OF KANSAS		S.C.L. 2186	15-02	5-10028-0000			
GIATE CORPORATION CO 200 Colorado Derby B	MMISSION		62-3-111	APT HURS	SER N/A		
Wichita, Kansas 672				LEASE NA	ME Abell		
	NOT.	TYPE OR PRINT			1BER 2		
NOTICE: Fill out completely and return to Cons. Div.				· 1980	1980 Ft. from S Section Line		
	•	STRICO WITH	in 30 days.	1980	Ft. from E S	Section Line	
LEASE OPERATOR AMERICAN WARRIOR THE					sec. 35 twp. 32 RGE. 23 (4) or (W)		
ADDRESS P.O. Rox 399 GARDEN City KS. 67846					COUNTY CLARK		
PHONE#(316) 275-9231 OPERATORS LICENSE NO. 4058					Date Well Completed <u>3-22-86</u>		
Character of Well					Plugging Commenced 5-22-94		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed 5 22-86		
Did you notify the K	CC/KDHE Joint D	istrict Of	fice prior t	o plugging t	his well?	ES.	
Which KCC/KDHE Joint	Office did you	notify?	Dst#1	Dodge C	Hy K5.		
Is ACO-1 filed? Ux) KA				- (<i>f</i>	1266	
Producing Formation _							
Show depth and thick							
OIL, GAS OR WATER RE	ECORDS	1		CASING RECOR	D		
Formation Co	ontent	From	To Size	Put in	Pulled out		
			526 83/9	526	NONE		
	· · · · · · · · · · · · · · · · · · ·	-	4759 5 1/2	- 759	MONE		
Describe in detail th	na mannor in wh	ich the We	.				
placed and the method	i or methods us	ed in intr	ii was piuggo oducina it ii	ea, indicati nto the hole	ng where the	mud fluid wa or other blua	
were used, state the	character of s	ame and de	oth blaced :	from feet t	n feet each	set.	
MixED AND Dum DE OF CENTERY 12 56	n 2.5K of	hulls 5	OSKE of C	EMENT, 15	5th 27 de	1, 50 SKS	
$\supseteq h(x) \cap h(x) = h(x) \cap h(x)$	Disi. Mixer	2 DING AND AN	MOEN 100.5E	C AT CEME	ENT bETWEE	1/2 CASING.	
85/R SUPPACE, Plu	a down AT &	1:30 P.M's	All CEMENT 1	DAS 60/40	202 W/690 a	51.	
(If additi	onal descripti			ACK of this	form.)		
Name of Plugging Cont	ractor_ HA	Mibux	ton	L	icense No. //	<u> 14.</u>	
Address Lihrpa/	\			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
STATE OF KS	c	OUNTY OF _	CLARK	· · · · · · · · · · · · · · · · · · ·	,55.		
Bill Non	Den .		(En	nployee of O	perator) or (Operator) of	
above-described well, statements, and matte	being tirst d	uly sworn o	on oath, says	s: That I ha	ve knowledge	of the facts	
the same are true and	correct, February	etipu meGo.d.	·	Te above-des	cruoed well a	g filed, that	
			(Signature	e) (lei	1 () (a)	rolo	
	10/51 a	27 1986 2007 DIVISION	(Address)	BOX 39	9 garder) ly 950.	
	CUNSERVA	TION DIVISION 6		~a.	N.	1.30	
SUBS	CRIBED AND WOO	RNanta befor	e mothis o	23- day o	f lay	<u> </u>	
A 100 1			1 leb	ra of	turie		
Debra J. NOTAMY	eqmentaracion Expi	res:	4-87	ь (Той	ry Public		
State of K	W-4-87	•				Form CP-	