| STATE OF KANSAS WELL PLUGGING RECU STATE CORPORATION COMMISSION K.A.R82-3-117 | | | | | | | |
|--|--|---|-----------------|------------------|-----------------|---|--|
| 200 Colorado Derby Building Wichita, Kamsas 67202 | | | | | LEASE | LEASE NAME Suiter | |
| RECEIVED TYPE OR PRINT | | | | INT | WELL NUMBER 3 | | |
| KANSAS CORP COMM NOTICE: Fill out completely | | | | | , | Ft. from S Section Line | |
| 1998 MAY 12 P 1: 14 office within 30 days. | | | | | | 1650 Ft. from E Section Line | |
| LEASE OPERATOR Martin Oil Producers, Inc. | | | | | SEC. L | 5_TWP. 24_RGE. 14_KKXXX (W) | |
| ADDRESS 150 N. Main - Suite 1010 Wichita, KS 67202 | | | | | COUNTY | Stafford County, Kansas | |
| PHONE#(316) _264-03 | | | | | | ell Completed <u>05-02-98</u> | |
| Character of Well <u>D&A</u> | | | | | | ng Commenced 05-02-98 | |
| (OII, Gas, D&A, SWD, Input, Water Supply Well) | | | | | | ng Completed 05-02-98 | |
| The plugging propo | | • | | | 33 | (date) | |
| by Richard L | | | | | (*) | CC District Agent's Name). | |
| | | | | | | | |
| Is ACO-1 filed? | • | | | | | · | |
| roducing Formation | n | Depth | to T | op | Bott | T.D. 4095 | |
| Show depth and thi | ckness of all wa | ter, oll a | nd ga | s formati | ons. | | |
| OIL, GAS OR WATER | RECORDS | | | C | ASING RECO | DRD | |
| Formation | Content | From | То | Size | Put In | Pulled out | |
| Surface | | | | 8 5/8" | 315' | none | |
| · | | | | | | | |
| em ent bna besalo | thod or methods the character <mark>10 sacks cement t</mark> | used in in of same a | trodu | cing it i | nto the ho | ing where the mud fluid le. If cement or other pa feet to feet each s | |
| 3rd Plug: 40' w/1 | | | | | | | |
| Rathole w/15 | | | ~ . | | | | |
| lame of Plugging Co | ontractor <u>Du</u> l | ke Drilling | Co., | Inc. | | License No. 5929 | |
| ddress_ P.O. Box | | nd, Kansas | | | | | |
| AME OF PARTY RESPO | ONSIBLE FOR PLUG | GING FEES: | 1 | Martin Oi | Producers | s. Tnc. | |
| TATE OF Kansas | | COUNTY OF | _ | Sedgwick | | ,55• | |
| K S Mar | ctin, President | - | | | | f Operator) or (Operator) | |
| bove-described wel | il, being first d atters herein c | duly sworn ontained a help me God | nd the d. (S | th, says: | That I he above | Main, #1010 | |
| | JBSCRIBED AND SWO | Iras• | ore me | _ ~ | gue c | May 19 98 | |
| use only one | SIDE OF EACH | FORM 7 | A | IMOGENE | | .Form CP∽ | |
| | | STATE | OF KANSAS | My Appt. Exp. Ma | HCT 7, 2000 | Revised 05-8 | |