STATE OF	KANSAS		
STATE COF			
200 Color	ado Derby	y Bull	ding
Wichita,	Kansas (57202	

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

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STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	WELL PLUGGING RECORD K.A.R82-3-117	API NUMBER 15 095-21,526 0000 LEASE NAME McClure		
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.	WELL NUMBER $1-10$ 4290 Ft. from S Section Line 2310 Ft. from E Section Line		
LEASE OPERATOR Allen Drill	ing Company	sec. 10 twp. 27 rge. 7 (W) XX(W)		
ADDRESS Box 1389, Great Be	end, KS 67530	COUNTY Kingman		
PHONE#()OPERAT	ORS LICENSE NO5418	Date Well Completed 5-22-85		
Character of Well D & A	•	Plugging Commenced $5-22-85$		
(Oil, Gas, D&A, SWD, Input, Wat	er Supply Well)	Plugging Completed 5-22-85		
Did you notify the KCC/KDHE Joi	nt District Office prior to	plugging this well? yes		
Which KCC/KDHE Joint Office did	you notify?Wichita, W	arren Kirkpatrick		
Is ACO-1 filed? yes If		:		
Producing Formation	Depth to Top	BottomT.D. 4160		

Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD

Formation	Content	From	То	Size	Put in	Pulled out
			258	8 5/8	251	none
			-	ļ	-	
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Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. 105 sks

35 sks @ 900' 35_sks_@ 300'

<u>10 sks in rathóle</u>

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allen Drilling Company

Address Box 1389, Great Bend, KS 67530

STATE OF Kansas COUNTY OF Barton

(Employee of Operator) or xxxxxxxxxxxxxx of John A. Johnson above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described dell as the same are true and correct, so help me God.

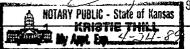
(Signature)

(Address) Box 1389, Great Bend, KS

SUBSCRIBED AND SWORN TO before me this 29^{42}

day of STATE CORPOHATION COMMISSION

My Commission Expires:



JUN 03 1985

Form CP-4 Revised 08-84