| STATE OF KANSAS | K.A.R82-3-117 | | | API NUM | BER15-095-20 | 1,841-0001 | |
|---|--------------------|----------------|-------------------|------------|---|-----------------|--|
| STATE CORPORATION COMMISSION 130 S. Market, Room 2078 | | | | | LEASE NAME AMENINE | | |
| Wichita, KS 67202 | TYPE | | e r | | | | |
| H | OTICE: FIII | out co | maletely | | WELL NUMBER #1 | | |
| | and return | | | |) Ft. from S Sec | | |
| | ъ́ | _ | · | 4950 | _ ft. from E Sec | ction Line | |
| LEASE OPERATOR De DENARE | Energy | Con | /p + , | SEC. 7 | _twp. <u>275</u> rge. <u>4</u> | (E)or(Y) | |
| ADDRESS 8105 Mayfield | I Rd. P. | 14/10 | NKS6 | 752 CUNTY | King mon | <u> </u> | |
| PHONE 8 (3/6) 543 2323 OPERATORS LICENSE NO. 3/644 | | | | Date We | Date Well Completed June 79 | | |
| Character of Well Oil | | | | Pluggin | Plugging Commenced 5-20-98 | | |
| (OII, Gas, D&A, SWD, Input, Water Supply Well) | | | | Pluggin | Plugging Completed 5->0-98 | | |
| The plugging proposal was approve | • | <u> 5/98</u> | , | | · | (date) | |
| by DAVID P. Williams | | _ | | (xc | C District Agent | t's Name). | |
| Is ACO-1 filed? Yesif no | | | | | | | |
| Producing Formation <u>oil</u> | Depth | to To | 93488 | 8011 | 00 4000 T.04 | 490 | |
| Show depth and thickness of all | water, oil a | ind gas | formation | ons. | |). | |
| OIL, GAS OR WATER RECORDS | | | ದ | SING RECO | RD | | |
| Formation Content | From | To | Size | Put In | Pulled out | | |
| miss oil | 3988 | 4000 | 5% | 4/02 | 1228 | | |
| | | - | | | <u>·</u> | | |
| Describe in detail the manner in | | | | ladions | | | |
| placed and the method or method: | s used in in | troduc | ing It I | ito the ho | ie. If cement or | other plug | |
| vere used, state the character CIBP polls8. | ・of same a フマフィ | nd de | pth place | ed, from | _foot_tofoo | ot each sati | |
| | ,, | | to Su | | <u></u> | 7.5 | |
| 60/40/4 C | (11-0 | CEM | 70 201 | | , , , , , , , , , , , , , , , , , , , | | |
| , , , , | monod | | | | 1-7 | <u>/</u> , | |
| Name of Plugging Contractor | <u> </u> | e a | <u>le // Se</u> | rV . | License No. 5-6 | <u> 70</u> | |
| Address Box 1249 | Staft | FON | L \$ 5 | L7. | 578 3 | of some | |
| NAME OF PARTY RESPONSIBLE FOR PLI | UGGING FEES: | De | Lower | elne | my Conjos | S ₂₀ | |
| STATE OF - KS- | _ COUNTY OF | Kin | 9 m 2 | 2 | ,ss. 9-30-980 | 30.5 30.5 | |
| B,'// B | Powland | | / | Employee o | f Operator) or | (Operator) a | |
| above-described well, being firs statements, and matters herein | | | th, says: | That I h | ave knowledge of | f the facts | |
| the same are true and correct, so | | d. | _ | | 5 | | |
| | • | | ignature; | Con- | m / '00 | 00 | |
| | | | | | manfield | 1 Cell | |
| SUBSICE I BED AND A NOTARY PUBLIC - State of Kansas | SWORN TO bef | ore me | this 34 | day | 711/2 | ,19 98 | |
| JULIE B. NEWTON My Appt. Exp. | ١ | _ | | NOT | ary subtle | • | |
| My Commission E | xpires: | 2-11 | -2600 | | - · · | | |