STATE OF KANSAS, STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGG	SING RECOR	. AP		185-21,957 -00 0	
Wichita, Kansas 67202	TYPE OR PRINT PLEASE FILL OUT COMPLETELY AND MAKE REQUIRED AFFIDAVIT.			LEASE NAME Paulsen WELL NUMBER 1-35		
PL1						
e •			SP	OT LOCATION_	SW SE NE	
LEASE OPERATOR KAPP COMPANY			SE	C• 35TWP•24	RGE. 11 (W)	
ADDRESS 18 Carnation Drive			CO	UNTY Staff	ord	
PHONE #618) 234-1546 OPERATO		lΩ• 9372	Da	TE WELL COMP	LETED <u>3-20-84</u>	
CHARACTER OF WELL				PLUGGING COMMENCED 3-20-84		
(OIL, GAS, D&A, SWD, INPUT, WATER SUPPLY WELL)				PLUGGING COMPLETED 3-20-84		
DID YOU NOTIFY THE KCC/KDHE JOINT D	ISTRICT OFFIC	E PRIOR TO	D PLUGGING	THIS WELL?_	Yes	
WHICH KCC/KDHE JOINT OFFICE DID YOU	NOTIFY?	Oodge Cit	y, Kansa	s		
Is ACC-1 FILED? Yes IF NOT,	IS WELL LOG	ATTACHED?	-			
PRODUCING. FORMATION	ДЕРТН ТО	TOP	ВОТ	томТ	- D	
Show DEPTH AND THICKNESS OF ALL WATE	ER, OIL AND G	AS FORMAT	IONS•			
OIL, GAS OR WATER RECORDS CASIN				ECORD	·	
FORMATION CONTENT	FROM TO	SIZE	PUT IN	PULLED O	υT	
DESCRIBE IN DETAIL THE MANNER IN WHITHE MUD FLUID WAS PLACED AND THE METHE HOLE. IF CEMENT OR OTHER PLUGS DEPTH PLACED, FROM FEET TO FEET FEET FEET FEET FEET FEET F	THOD OR METHO WERE USED STA EACH SET• <u>P</u> O'-50 sxs	DS USED IN TE, THE CH lugged w ; 300' -	N INTRODUC HARACTER O ell with 40 sxs:	ING IT INTO F SAME AND 150 sxs 60	0/40 poz. 2% Exs with	
(IF ADDITIONAL DESCRIPTIONAL D	ON IS NECESSA	RY, USE BA	ACK OF THI	s FORM.)		
Name of Plugging Contractor Wheat Address P.O. Box 329 Pray	tstate Oilf tt, Kansas			nticense No.	5149	
STATE OFC	OUNTY OF				<u> </u>	
(OPERATOR) OF ABOVE-DESCRIBED WELL, I HAVE KNOWLEDGE OF THE FACTS, STATE THE LOG OF THE ABOVE-DESCRIBED WELL CORRECT, SO HELP ME GOD.	EMENTS; AND M.	DULY SWORN ATTERS HER T THE SAME	N ON OATH, REIN CONTA E ARE TRUE	INED AND	i.	
			ATURE) <u>(Xa-</u> 186 ESS) Bel	arnation	01.62221	
SUBSCRIBE	ED AND SWORN.		<u>,, , , , , , , , , , , , , , , , , , ,</u>	7/2 1	ay 1984	
				OTARY PUBLIC	6/b/	
TY COMMISSION EXPIRES: April 28, 19	87		RECEIVED	1		
·	٠	STATE C	ORPORATION CO.	MMISSION	FORM CP-4	

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