STATE OF KANSAS STATE CORPORATION		WELL PLUGGING RECORD K.A.R82-3-117				15-095-30017-0 API NUMBER N/A 200			
200 Colorado Derby Hichita, Kansas (						LEASE NAME Pieplow			
	•	TYPE OR PRINT				WELL NUMBER 4			
NOTICE: FILL out completely and return to Cons. Div. office within 30 days.						SPOT LOCATION C-NE-SE			
						SEC.33 TWP 295 RGE. 6 XXX or (W)			
LEASE OPERATOR Pickrell Drilling Co.						COUNTY_Kingman			
ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202						Date Well Completed			
PHONE (316) 262-8427 OPERATORS LICENSE NO. 5123						Plugging Commenced 12/23/86			
Character of Well <u>Oil</u> (Oll, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 12/31/86			
Did you notify the	e KCC/KDHE Joint D	istrict (	Offic	e prior to	o plugging	g this well	1 yes	<del></del>	
Which KCC/KDHE Joi	int Office did you	notify?	Dod	ge City, I	KS		·		
Is ACO-1 filed?	lf not,	is well	log	attached7_		<del></del>			
Producing formatic	on	Depti	h to	top	bo1	ttom	_T.d335	0	
Show depth and thi	ickness of all wate	er, oll a	and g	as formati	lons.				
OIL, GAS OR WATER	RECORDS		<del></del>	<del></del>	CASING F	RECORD		<del>-</del>	
Formation	Content	from	То	Size	Put In	Pulled	l out		
				8 5/8	202	None			
			<u></u>	4 1/2	3343	2745	·····		
the mudifiuld was the hole. If cemer depth placed, from	I the manner in wh placed and the me nt or other plugs in feet to feet	thod or : were use: each set:	method d states	ds used in te, the ch Sand from :	n introduc haracter o 3304 to 32	cing it int of same and 200	ro 1	l	
	ump bailer to 3170, g. 25sx cement. 60-				IIS, ISSX	јетт, в 5/	o piug, ious	<u>~</u>	
	ler, and E. Morgens ditional description				ACK of thi	(s form.)			
Name of Plugging C Address P.O. Box	Contractor Clark 187. Medicine Lodo	ke Corp. ge, KS 67	7104			_License N	5105	<del></del>	
	<del></del>		<del></del>						
TATE OF Kansas Coun			TY OF Barber			, \$5,	ATE CORPORATION COM	IMISSION	
i have knowledge o	ve-described well, of the facts, state ove-described well ne God.	ements, a	and ma	duly sworn atters her	n on oath, rein conta e are true	perator) or , says: Tha alned and	· 101-05-0	97 Sion	
State of Kansas - No	tary Public			(Addre	ess) 1	Medicine To	odge, KS 6710	4	
GLENDA MORR	SUBSCRIBE	FN ANN SI	สบอพ .				January _ , I		
-My Appt. Exp. <u>5-9</u>	2-22 3003CR1BI	יט מווח פי	MADY			2_day or			
My Commission exp,i	Ires: May 9, 1990	•			N	Totary Publ	I C		