| STATE OF KANSAS STATE CORPORATION COMMISSION | WELL PL | WELL PLUGGING RECORD | | 5-095-19 <i>0</i> 36-000 I NUMBER <u>N/A</u> | |
|---|--|---|---------------------------------------|---|--|
| 200 Colorado Derby Building Wichita, Kansas 67202 | | | LE/ | ASE NAMEBrant | |
| : | T YPE OR Please fill (| | | LL NUMBER #1 | |
| | | AND MAKE REQUIRED AFFIDAVIT. | | OT LOCATION SW SW NE | |
| LEASE OPERATOR Pickrell Drilling | | | | C.32 TWP295 RGE.7 (&) QR(W) | |
| ADDRESS Suite 205, Litwin Building, Wichita, KS | | | | UNTY Kingman | |
| , 67202 | | | | TE WELL COMPLETED | |
| PHONE #() OPERATORS LICENSE NO. 5723 | | | | UGGING COMMENCED 7/14/84 | |
| CHARACTER OF WELL OIL (OIL, GAS, D&A, SWD, INPUT, WATER SUPPLY WELL) | | | | UGGING COMPLETED 7/20/84 | |
| DID YOU NOTIFY THE KCC/KDHE JO | OINT DISTRICT OF | FICE PRIOR TO | PLUGGING | THIS WELL? yes | |
| WHICH KCC/KDHE JOINT OFFICE DI | D YOU NOTIFY? | yes | | | |
| Is ACO-1 FILED? yes IF | NOT, IS WELL LO | OG ATTACHED?_ | | | |
| PRODUCING FORMATION | Dертн - | то тор | ВОТ | томТ.D4222_ | |
| SHOW DEPTH AND THICKNESS OF AL | L WATER, OIL ANI | D GAS FORMATI | ions. | | |
| OIL, GAS OR WATER RECORDS | | | CASING RE | ECORD | |
| FORMATION. CON | 1 1 | To SIZE | Put in | PULLED OUT | |
| | | 8 5/8 5 ¹ / ₂ | 256 426 | none 2 7 50 | |
| | | | | 2130 | |
| DESCRIBE IN DETAIL THE MANNER THE MUD FLUID WAS PLACED AND T THE HOLE. IF CEMENT OR OTHER F DEPTH PLACED, FROM FEET TO with dump bailer from 4 Allied pumped in 3 sack 60-40 POZ 2%jell 3% cc | HE METHOD OR ME PLUGS WERE USED S FEET EACH SET 120 to 4100 | THODS USED IN STATE, THE CH sand from | N INTRODUCI HARACTER OF 4188 to | ING IT INTO SAME AND 4120 5 sacks cement | |
| A U Miller Van Geezen M (IF ADDITIONAL DESC | | | ACK OF THIS | S ENRM.) | |
| Name of PLUGGING CONTRACTOR C ADDRESS Box 187, Medicine | <u>larke Corpora</u> | tion | | | |
| STATE OF Kansas | COUNTY OF _ | Barber | | ,SS• | |
| (OPERATOR) OF ABOVE-DESCRIBED I HAVE KNOWLEDGE OF THE FACTS, THE LOG OF THE ABOVE-DESCRIBED CORRECT, SO HELP ME GOD. | WELL, BEING FIRE | EMPLO ST DULY SWORN D MATTERS HER | REIN CONTAI | ERATOR) OR SAYS: THAT INED AND | |
| | | (Signa | ATURE) | Allower Low | |
| | (ADDRESS) | | | | |
| SUE SUE SUE | SCRIBED AND SWO | RN TO BEFORE | ME THIS26 | HDAY OR July 19AX | |

MY COMMISSION EXPIRES:_

RECEIVED STATE CORPORATION COMMISSION

Form CP-4 Revised 06-83

JUL 3 0 1984