STATE COPPORATION							
STATE CORPORATION 130 S. Market, Room					* * *	LEASE NAME Schuckman-Nowak "B" WELL NUMBER 2	
Wichita, KS 67202	•						
	TYPE OR PRINT E: Fill out completely				· · · · · · · · · · · · · · · · · · ·		
and return to Cons. Div. office within 30 days.						_ Ft. from 8 ^N Section Line	
					1650	_ Ft. from E ^W Section Line	
LEASE OPERATOR Quality Well Service, Inc.					sec. 18	TWP. 13 RGE. 15 XXXor(W)	
ADDRESS 249 E. Beth Drive Sterling, Ks. 67579					COUNTY	Russell	
PHONE # (316) 727-3410 OPERATORS LICENSE NO. 31925					Date We	II Completed 8-8-84	
Character of Well Oil					Pluggin	g Commenced 6-6-97	
(OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging						g Completed 6-9-97	
The plugging proposal was approved on 4-16-97 (date)							
by David Williams (XCC District Agent's Name).							
Is ACO-1 filed? Yes ' If not, is well log attached? Yes							
Producing Formation Kansas City Depth to Top Bottom 3297' T.D. 3379'							
F							
Show depth and thickness of all water, oil and gas formations.							
OIL, GAS OR WATER				U	ASING RECO	RU	
Formation	Content	From	To	Size	Put in	Pulled out	
				8 5/8" 5 ½"	713' 3377'	2227	
Describe in detail	the manner in whi	ch the w	3 A	llas pluggo	d, indicat	Ing where the mud fluid wa	
placed and the method or methods used in introducing it into the hole. If cement or other plug							
Sanded to 3017'. Bailed 4 sks cement. Shot at 2711' & 2517'. Shot at 2400' & 2227'. Pulled to 1600'. Pumped 110 sks/5 hulls. Pulled to 1000'. Pumped 40 sks							
2 hulls. Pulle	d to 500'. Pump	ed 30 s	ks.	Pulled	to 150'.		
surface. Pulle	d rest of pipe.	<u>Hole s</u>	taye	d full.			
Name of Plugging Contractor Quality Well Service, Inc. License No. 31925							
Address 249 E. Beth Drive Sterling, Ks. 67579							
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quality Well Servcie, Inc.							
STATE OF Kansas			-	,	CIT DELAC	TE, IIIC.	
Sha- MA T	· · · · · · · · · · · · · · · · · · ·	UNIT UF _	ع			_, 35.	
above-described we	nture.	ly sworn	on . o.	ath, says	: That I ha	f Operator) or (Operator) o ave knowledge of the facts	
statements, and method same are true	and capyone furror and capyon	I (CO) MALANS SERVINO)	nd †h d.	e log of	-evods ent	described well as filed tha	
RECEIVED (51 gna + ur o)				Sharon	Sharon Mchtyre.		
	JUN 16	1997	ζ,	Address),			
s	UBSCRIBED WOR SWOR	19970 bef	ഠ്ര സ	e this $\frac{1}{6}$	J4L day	of June , 19 97	
•	CONSERVATION I	(S			Cherel	J. Wahler	
M	PATUREN OIZE I mmo V	DIVISION S :	- 6/3	199	Mg +	ary Public	
USE ONLY ONE	y CommissionWeelTA SIDE OF EACH FO		<u> </u>			Section 1	

CHERYL L. MISHLER
State of Kansas
My Appt. Exp. June 3, 1999

Revised 05-88