FISTATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

## WELL PLUGGING RECORD K.A.R.-82-3-117

API NUMBER	15-009-23,786	<u>∞</u>
LEASE NAME	Rous	

TYPE OR PE	RIMT
NOTICE: FILL out	completely
and return to	Cons. Div.
office within	30 days-

ELL	NUMBER _	3-28				
	F†•	from	s	Section	Line	
	<b></b> -	_				

ADDRESS 6350 LBJ Freeway  PHONE#( ) OPI	Dallas Tex ERATORS LICENSE	<del>.as 752</del>	40	COUNTY	Barton	E. 11W (E)or(W)
PHONE#( )OPI	ERATORS LICENSE					
PHONE#( )OPI	ERATORS LICENSE					
Character of Well Oil	 Water Supply N				ell Complete	d
· <del>-</del>	Water Supply N			Pluggli	ng Commenced	11-7-86
(OII, Gas, D&A, SWD, Input,		dell)	,	Pluggli	ng Completed	11-7-86
Did you notify the KCC Dist	-ict Office pri	ior to	plugging	this well?	Yes	
Which KCC Office did you no	tify? <u>H</u> a	vs. Ka	nsas			
Is ACO-1 filed?	If not, is well	li log	attached?	1	-	
Producing Formation					om T	•D• 3485!
Show depth and thickness of			-			<u> </u>
OIL, GAS OR WATER RECORDS	Ī	_		CASING REC	ORD	
				_,		
Formation Content	From	То	Size	Putin	Pulled out	
			8-5/8"		none	
	\	\	_\5-1/2"	3484	none	<del></del>
			_(			<del></del>
Describe in detail the manne claced and the method or me	er in which the ethods used in	e well introd	was pluggo ucina it	ed, Indicat into the ho	ing where ti	ne mud fluid wa nt or other plua
were used, state the char	acter of same	and d	lepth pla	ced. from	feet to	feet each set
Plug Job Only- No Pi	pe Recovery.	There	was a D.V	. Tool in	well @810' w	ith
225 sacks econolite.	Pumped 5 sac	<u>ks hul</u>	Is and 20	<u>O sacks ec</u>	onolite down	5-1/2"
casing Plugging Compl	ete.					
(If additional de	escription is r	necessa.	ry, use B	ACK of this	i form.)	
Name of Plugging Contractor_	Kelso Casir	ng Pull	ing, Inc.		License No.	6050
Address P.O. Box 347 (	Chase, Kansas 6	7524				<u> </u>
STATE OF Kansas	COUNTY C	F R	ice		_,ss.	
Mike Kelso, Vice-Preabove-described well, being statements, and matters here the same are true and correct	; first duly sw ein contained a	nd the God.	oath, say	/s: That 1 ne above-de	have knowled	r (Operator) o ige of the facts I as filed tha
			(Address)		ox 347 Chase	, Ks. 67524
SUBSCRIBED	AND SWORN TO b		_		of November	
, , , , , , , , , , , , , , , , , , ,	200000 10 0	. 2,0,0		Alu C	Tomes	• · · · , :
• •			5	No 1	ary Public	
· My Commissi	on Expires:	tany, b	Prene hou	er	-	

State of Kansas My Appt. Exp. Aug. 15, 1989

Form CP-4 Revised 07-86