STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGGING RECORD  K.A.R82-3-117			API NUM	API NUMBER 15-009-24,077	
Wichita, Kansas 67202				LEASE N		
	TYPE OR PRINT			WELL NU	WELL NUMBER 1	
	NOTICE: Fill out completely and return to Cons. Div.		4290	_ Ft. from S Section Line		
office within 30 days			O days.	4950	_ Ft. from E Section Line	
LEASE OPERATOR Mark E. Dobrinski Oil Operations				SEC. 28	_TWP16_RGE11_XXXor(W)	
ADDRESS P.O. Box 147, Lorraine, KS 67459				COUNTY	COUNTY Barton	
PHONE#(913) 472-5225 OPERATORS LICENSE NO. 9388				Date We	Date Well Completed 9-30-85	
Character of Well D & A				Pluggin	Plugging Commenced 10-1-85	
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					g Completed 10-1-85	
Did you notify the KCC/KDHE Joi	nt District O	ffice	prior to			
Which KCC/KDHE Joint Office did	you notify?_	Hays	s, KS			
Is ACO-1 filed?If					_	
Producing Formation						
Show depth and thickness of all						
OIL, GAS OR WATER RECORDS	1		C	ASING RECO	RD	
Formation Content	From	То	Size	Put in	Pulled out	
Surface		•\	8 5/8"		None.	
		-  <del></del>	·			
Describe in detail the manner i	n which the w	ell w	as plugge	d, Indicat	ing where the mud fluid wa	
placed and the method or method were used, state the character	of same and d	epth	placed, f	romfeet	tofeet each set.	
lst plug at 800' with 90 sacks Mouse Hole with 10 sacks. TOT	, 2nd plug at AL 125 sacks					
	·				3/6_00	
(If additional descr			) <u>am 10-1-</u> y, use BA		form.)	
Name of Plugging Contractor Ha						
Address Box 579, Great Bend,					License No. <u>5287</u>	
	COUNTY OF	נוס	cwonth			
		<u></u>			_,55.	
Mærk E. Dobrinski , ope above-described well, being fir		On 0	Em) ath.savs	ployee of : That I h	Operator) or (Operator) of the facts	
statements, and matters herein	contained and	the	log of th	e above-de	escribed well as filed that	
the same are true and correct,	so help me Go	od. (	Signature	mark	C. Dobreushi	
A. Ja			Address)	Mark	E. obrinski	
101Ap. In			•		7. Lorraine, Kansas	
SUBSCRIBED AND	) SWORN TO bef	ore m	e this <u>50</u>		of October 67456 85	
TUBLICE !		_	- NEGERT	ildred 1	ary Rubile	
My Commission	Expires:	STATE	CAPIFORAZION C	OMMISSION	- /	
A KP			NOV - 40	nor of the	oś_	

Form CP-4 Revised 08-84