STATE OF KANSAS

 \mathbb{F}_{q}^{r} , \mathbb{F}^{r}

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

STATE CORPORATION COMMISSION		K.A.R82-3-117			MBER	15-055-20,084-0000	
[™] 200 Colorado Derby Bullding ™Hichita, Kansas 67202					NAMES	tevenson	
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			WELL NI		AA #1	
					F†• f	rom S Section Line	
office within 30 days.					Ft. from E Section Line		
LEASE OPERATOR Petroleum Production Management Inc.					SEC. 6 TWP. 22 RGE. 33W (E)or(W)		
ADDRESS 209 E. William St., #200 Wichita, KS 67202					COUNTY Finney		
PHONE (316) 265-4651 OPERATORS LICENSE NO. 6234					Date Well Completed		
Character of Well Oil				Pluggln	Plugging Commenced 3-17-94		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	Plugging Completed 3-22-94		
"The plugging proposal was approved on							
bySteve Middleton					(KCC District Agont's Name).		
Is ACO-1 filed?If not							
Producing Formation	Depth	to T	ор	Bott	o m	T.D. 4800'	
Show depth and thickness of all wa							
OIL, GAS OR WATER RECORDS			c.	ASING RECO	RD		
Formation Content	From	То	Sizo	Put In	Pulled	out	
			10 3/4		none		
<u> </u>			7	4798'	1130	<u>'</u>	
Describe in detail the manner in w placed and the method or methods were used, state the character Dumped 2 sks cement on top of b cement @ 1100'. Pulled to 450' 20 sks cement. 60/40 poz 6% ge	used in int of same an <u>ridge plug</u> , <u>pumped 9</u>	troduc nd de <u>e 42</u> 0 sks	cing it la pth plac 50'. Sho cement.	nto the hol ed, from_ t @ 1130',	le. if c _feet t _came_lo	ement or other plugs ofeet each set. cose. Pumped 80 sks	
(If additional descript	lon 1s noce	ssary	y, uso <u>B</u> AC	CK of this	form.)		
Name of Plugging Contractor <u>KEL</u>	SO CASINO	i PUI	LING, I	NC,L	lcense	No. 6050	
Address P.O. Box 347 Chase,	Kansas	6752	24	·			
NAME OF PARTY RESPONSIBLE FOR PLUG	GING FEES:	P	etroleum	Production	Manager	ment, Inc.	
the transfer of	COUNTY OF _		Rice		_,ss.		
R. Darrell Kel						or) or (Operator) of	
above-described well, being first statements, and matters herein cothe same are true and correct, so	ontained an	id the	e log of t Signature)	he above-d	rescriber	thas constant	
SUBSCRIBED AND SW		- e me	A.	lene X	er Mar	ERNSCHVATIUN DIN SUN	
My Commission Exp	ros:		FERRE MER State of K My Appt. Exp. A:	ansas		3-25-94 Form CP-4 Revised 05-08	