STATE OF KANSAS STATE CORPORATION COMMISSION 20 W i

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

API NUMBER: 15-083-20535-0000

200 Colorado Derby Building Wichita, Kansas 67202 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.					LEASE NAME Hays WELL NUMBER A-2		
				LEASE N			
					Ft. from S Section Line		
					- S Ft. from E Section Line - N/2 SE SW		
LEASE OPERATOR Transaction O	:1 Co T				N/2 SE SW _TWP•22S RGE•23W (E)or(W)		
LEASE OPERATOR Edmiston Oil Company, Inc. 1260 KSB Bldg. ADDRESS Wichita, Kansas 67202							
					COUNTY Hodgeman		
PHONE#(316) 265-5241 OPERATORS LICENSE NO5042					Date Well Completed		
Character of Well SWD					g Commenced 2-10-87		
(Oll, Gas, D&A, SWD, Input,	Vater Supply Wel	1)		Pluggin	g Completed 2-10-87		
Did you notify the KCC Distr	ict Office prior	to p	olugging t	his well?	Yes		
Which KCC Office did you not	fy? Dodge (City,	Kansas		······································		
Is ACO-1 filed?	f not, is well	log a	nttached?_	·			
Producing Formation							
Show depth and thickness of				•			
OIL, GAS OR WATER RECORDS	1			ASING RECO	RD ·		
Formation Content	From	Το	Size				
Pormation Content		10	<u></u>	Put in	Pulled out		
\		·	8-5/8"	291'	none		
		<u> </u>	<u> 4-1/2"</u>	<u> 1670'</u>	_none		
Describe in detail the manner of laced and the method or mewere used, state the chara Plug Job Only- No Pipe Pumped 3 hulls and 120 Plugging Complete. (If additional de	thods used in incter of same and Recovery.	trodu nd d	gel down	nto the hoced, from_	le. If cement or other plo feet to feet each se sing. Backside circulate		
Name of Plugging Contractor	Kelso CAsing	Pu11	ing, Inc.		License No. 6050		
	hase, Kansas 675	524			·		
STATE OF Kansas	COUNTY OF	-	e		,55.		
R. Darrell Kelso, Presi	dent		(En	ployee of	Operator) or (Operator)		
bove-described well, being	first duly swore	n on	oath, say	s: That I	have knowledge of the fac-		
statements, and matters here the same are true and correc		d.		/ سو	scribed well as filed th		
		(Signature	1) Kal	asself Silo		
		•	(Address)	Box_34	7 Chase, Kansas 67524		
S UB S CR IB ED	AND SWORN TO befo	ore n	ne this]	Sth day	STATE CORPORATION COMMISSION		
My Commissi	on Expires:			• NO T	and Landliff 1 C yours		
	Ş.	A	IRENE H State of My Appt. Exp. /	Kansas I	CONSECUATION DIVISION Wichita, KansasForm CP Revised 07-6		