STATE OF KANSAS
STATE CORPORATION COMMISSION W

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

API NUMBER 15-185-12872-0000

200, Colorado Derby Building Wichita, Kansas 67202				LEASE 1	LEASE NAME McMillan			
	TYPE OR PRINT NOTICE: FILL out completely and return to Cons. Div.				WELL NUMBER A-4			
***					Ft. from	S Section	Line	
	office wi	thin	30 days.		 ft. from			
LEASE OPERATOR Phillips	LEASE OPERATOR Phillips Petroleum Company				TWP.22S_RG			
ADDRESS RT #3 Box 20-2	-				Stafford			
PHONE#816) 793-8421 OP	ERATORS LICENSE	NO	5229	Da <b>te W</b> e	II Completed	d <u>12-29</u> -	-53	
Character of Well SWD				Pluggin	g Commenced	10-8-91	<u>L</u>	
(Oli, Gas, D&A, SWD, Input,	Water Supply We	11)		Pluggin	g Completed	10-14-9	<u> </u>	
The plugging proposal was a	pproved on		<del></del>		<u> </u>	(d	iate)	
by				(KC	C District /	Agent's Na	me).	
Is ACO-1 filed?								
Producing Formation Depth to Top								
Show depth and thickness of							<b></b>	
OIL, GAS OR WATER RECORDS	1	<del></del>	с	CASING RECO	RD	11-7-	91	
Formation Content	From	To	Size	Put in	Pulled out		RECE	
		_	10 3/4"		none	<u>=</u>	11 12 11 11 11 11 11 11 11 11 11 11 11 1	
		-}		3750	1794	N	<u> 10V </u> 7	
2 gel with	ethods used in In acter of same a tom:to 3700' r 0', 2000', 197 50# hulls, pu	ntrodu and da ran 7 70', ulled	ucing it in epth plac 7 sacks c 1794'. R i tubing	nto the ho ed, from cement. s Ran tubin to 656	feet to not pipe of to 906' and pumped	feet eac 22450', 2 and pump 1 75 sack	ped ks	
cement w/1: (If additional de	<u>2 gel &amp; 150 sa</u> escription is nec					ice 60/40	) 6% 9	
Name of Plugging Contractor_	KELSO CASIN	IG <u>PU</u>	JL <u>LING. I</u>	NC.	License No	6050		
Address P.O. Box 347 C								
NAME OF PARTY RESPONSIBLE FO				s Petrol	eum Compar	ıy		
STATE OF Kansas								
R. Darrel	<del></del>				- f Operator)	or (Opera:	tor) of	
above-described well, being statements, and matters he			oath, says:	: That I ha	ave knowledg	e of the	facts,	
statements, and matters ne the same are true and correc		od.			a) f	GS 11,2 	30 100.	
			(Signature)	,	/www			
		(	Address)		x 347 Chas		524	
SUBSCRIBED	AND SWORN TO bef	ore m	ie this 5	5 day d	November	r,19	91	
1		**		UND Z	Inglese	<u> </u>	og an extension of the	
My Commissi	on Explres:	HOTARYPE	IRENE HERZ	ZBERG	ary Bublle /			
	Ĺ		State of Ka My Appt. Exp. Aug	msas g. 24, 1993		Form	m CP-4	

Form CP-4 Revised 05-88