Form CP-4

## STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 No. Market

## WELL PLUGGING RECORD

| Wichita, Kansas 67202   |   | <u>aiiord</u>   |  | ******   |                 | $\perp \underline{\angle W} (E) \underline{\qquad} (W)$ |  |  |         |  |                   |                  |                       |
|---|---|---|--|--|-----------------|---|--|--|---------|--|-------------------|------------------|-----------------------|
| NORTH   |   | Location as "NE/CNW%SW%" or footage from lines NWZ  Lease Owner Gas Marketing Inc . |  |  |                 |   |  |  |         |  |                   |                  |                       |
| •   | Lease Owner Gas Markeving fire.  Lease Name Heyen  Office Address Box 159, Stafford, Kansas 67578  Character of Well (completed as Oil, Gas or Dry Hole) Dry Hole |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
| 1 i   i   |   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   |   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   | Date well com   | apleted Sept  | LU,  |  |                 | <sub>19</sub> 83  |  |  |         |  |                   |                  |                       |
|   | Application for plugging filed Yes - telephone 19   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   | Application for plugging approved YES 19  |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   | Plugging commenced Oct. 13, 1983  |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   | Plugging completed Oct. 20, 1983  Reason for abandonment of well or producing formation Lost Hole  If a producing well is abandoned, date of last production 19   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   |   |   |  |  |                 |   |  |  |         |  |                   |                  | ore plugging was com- |
|   |   |   |  |  |                 |   | Locate well correctly on above<br>Section Plat |  | ves ves |  | Auton Division of | r its agents ber | ore prugging was com- |
| Name of Conservation Agent who su   |   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
| Producing formation.  |   | Depth to top  | Bottor   | n  | Total Depth of  | Well 1465 Feet  |  |  |         |  |                   |                  |                       |
| Show depth and thickness of all wat   |   |   |  |  | •               |   |  |  |         |  |                   |                  |                       |
| OIL, CAS OR WATER RECO  | RD¢   |   |  | •  |                 | CASING DECORD   |  |  |         |  |                   |                  |                       |
| OIL, CAS OR WATER RECO.   | 1003  | 1   | <del>,</del>                                     | <del>-1</del>                                    | <u> </u>        | CASING RECORD   |  |  |         |  |                   |                  |                       |
| FORMATION   | CONTENT   | FROM  | TO   | SIZE   | PUT IN          | PULLED DUT  |  |  |         |  |                   |                  |                       |
|   | <del></del>   |   |  | . <del> </del>                                   |                 | <del>                                     </del>        |  |  |         |  |                   |                  |                       |
|   | +   | <del>-</del>  | <del> </del>                                     | <del>                                     </del> |                 | <del> </del>  |  |  |         |  |                   |                  |                       |
|   | <del></del>   | <del></del>   | <del> </del>                                     | <del> </del>                                     |                 | <del> </del>  |  |  |         |  |                   |                  |                       |
|   | <del> </del>  | <del></del>   | <del>                                     </del> |  |                 | <del> </del>  |  |  |         |  |                   |                  |                       |
|   |   |   | <del> </del>                                     | <del> </del>                                     |                 |   |  |  |         |  |                   |                  |                       |
|   |   |   | <del>                                     </del> | +  |                 | <del> </del>  |  |  |         |  |                   |                  |                       |
|   | <del></del>   |   |  |  |                 | <del>-</del>  |  |  |         |  |                   |                  |                       |
| pumped 25 sa<br>Next day rar  | fluid. Pull<br>icks cement,<br>Halliburton<br>redimix ceme<br>cellar.   | shut well<br>wire lir   | in.<br>ne. Ceme                                  | ent 171 ft                                       | . down,         | put   |  |  |         |  |                   |                  |                       |
|   |   |   |  |  |                 |   |  |  |         |  |                   |                  |                       |
|   |   |   |  |  | STATE           | RECEIVED  |  |  |         |  |                   |                  |                       |
| Name of Plugging Contractor   | (If addition:   | al description is nece  | ssary, use BACI                                  | C of this sheet)                                 |                 | 0V 9 1983   |  |  |         |  |                   |                  |                       |
| Address   |   |   |  |  | CON             | ISERVATION DIVISION                                     |  |  |         |  |                   |                  |                       |
|   |   |   | <del></del>                                      |  |                 | Wichita, Kansas   |  |  |         |  |                   |                  |                       |
| STATE OF <u>Kansas</u> <u>Robert L. Au</u> well, being first duly sworn on oatl above-described well as filed and t | h, says: That I have k  | nowledge of the   | employee of<br>facts, statem                     | owner) or (owner) ents, and matter               | er or operator) | of the above-described<br>ned and the log of the        |  |  |         |  |                   |                  |                       |
| 4   |   | (Signature)   | Box 1  | 59, Staffe                                       |                 | sas 67578   |  |  |         |  |                   |                  |                       |
| SUNSCRIBED AND SWORN TO by  | HOTARY PUBLIC   | hday of_  | Nover  |  | , 19_E          | <u>33</u>   |  |  |         |  |                   |                  |                       |
| My commission separate Tolombally A   | ord County Kansas<br>PROINTMERS FXPIRES   |   | B:   | illie Post                                       | tier            | Notary Public.  |  |  |         |  |                   |                  |                       |