STATE OF KANSAS STATE CORPORATION COMMISSION 130 S. Market, Room 2078	HELL PLUG K.A.R.		RECORD -117		AP! NUMBER 15-185-20,217-00-02 LEASE NAME C. Curtis		
Wichita, KS 67202							
м	TYPE OR PRINT TICE: Fill out completely			WELL N	WELL NUMBER		
and return to Cons. Div. office within 30 days.				Ft. from S Soction Line			
*	OTTICE WIT	iles alluis 30 adase			Ft. from E Section Line		
LEASE OPERATOR Rupe Oil Company, Inc.				sec. 15	SEC. 15 TWP. 228 RGE. 12W (E) or (M)		
ADDRESS P.O. Box 783010 Wichita, Kansas 67278-3010				COUNTY	COUNTY Stafford		
PHONE (316) 689-3520 OPERATOR	RS LICENSE N	0. <u>5</u>	047	Oate W	ell. Completed	· ·	
Character of Well SWD				Pluggl	ng Commenced	6-6-01	
(OII, Gas, D&A, SWD, Input, Water Supply Well)				Pluggi	ng Complated	6-12-01	
The plugging proposal was approve						•	
by	· · · · · · · · · · · · · · · · · · ·	Rich	ard Lacey	(K	CC District /	(gent's Name).	
is ACO-1 filed?If no							
Producing Formation							
Show depth and thickness of all 1						,	
		_		•	•		
OIL, GAS OR WATER RECORDS							
Formation Content	From	To	Sizo	Put In	!	•	
			8-5/8"	251	None · 2600'		
	 		5-1/2"	3656	2600		
]				
Describe in detail the manner in placed and the method or method:	s used in in	trodu	cing it i	into the h	ole. If cemen	it or other pl	
Plugged off bottom with sand to 10 sks. gel, 50 sks. cement, 10	of same and 5	nd de sks. (pth plac cement.	ed, from Shot pipe	feet to	feet each sed 300# hulls.	
10 sks. gel, 50 sks. cement, 10	sks. gel and	100#	hulls, r	eleased pl	ug, pumped 10	0 sks. of	
cement. 60/40 pos. 6% gel.	ing Complete				<u>·</u>		
	ē		,				
Name of Plugging Contractor Mi	ke's Testi	ng &	Salvage	, Inc.	License No.	31529	
	Chase	Kar	nsas 675	24	RECE	IVED	
Address P.O. Box 467		-	1545 075	24	KANSAS CORPORA	HON COMMISSION	
NAME OF PARTY RESPONSIBLE FOR PL	Jeeine Fees:	R	upe Oil C	ompany. Ir		9 2001	
STATE OF Kansas	_ COUNTY OF	R	ice		_,ss. JUL	7 2001	
Mike Kelso			(Emplayea	of <i>CP</i> AR CP #P/ A 社	an Angranter)	
above-described well, being first statements, and matters herein	contained a	on o	ath, says	: That I	havv'kdbWf6Vd -described w	H'THY Hac	
the same are true and correct, so		d.	_	A			
	•		Signature		· / Col	***********	
•		(Address)	P. O. Box	467 Chase,	KS 67524	

My Commission Expires:

SUBSCRIBED AND SWORN TO before me this



Form CF Rovised 05-

Notary Public

XXX 2001

OR