STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely

WELL PLUGGING RECORD

Make Required Affidavit		Hodgman				21 Rge. 25 E/W	
Mail or Deliver Report to	Locatio	Location as "NE/CNW1SW1" or footage from lines					
Conservation Division		SE SE					
State Corporation Comm.							
245 North Water Wichita, KS 67202		Lease Name Ruth Jackson A Well No. / Office Address Wichita, Kansas Character of Well (Completed as Oil, Gas or Dry Hole)					
Wienita, Ab 07202							
	Charac	ter of Wel	.1 (Comp.	leted as O	il, Gas o	r Dry Hole)	
<u> </u>	Date W	Date Well completed 19					
		Application for plugging filed 19					
		Application for plugging approved 19					
		Plugging commenced $\frac{1}{23}$ /77 19					
		Plugging completed $1/27/77$ 19 Reason for abandonment of well or producing formation					
	Reason	ior aband		depleted.	•	g formation	
	If a p	roducing w				last production	
	<u> </u>		h do do a al	from the	Companyati	ion Division or	
Locate well correctly on above Section First	its ag	ents befor	e plugg:	ing was co	nmenced?		
Name of Conservation Agent wh							
Producing formation		pth to top		ottom	_Total De _l	oth of Well 4405	
Show depth and thickness of a	ll water, or	I and gas	formation	ons.			
OIL, GAS OR WATER RECORDS					(CASING RECOPD	
FORMATION	CONTENT	. FROM	то	SIZE	PUT IN	PULLED OUT	
JOANETTON	7.7.11111	1 1 100	\	8-5/8	311	none	
			 	4출	4399	2403	
		1		ļ			
	<u></u>	1					
plugs were used, state the ch feet for each p	lug set				· · · · · · · · · · · · · · · · · · ·	feet to	
Pumped 2 sacks hulls, 25				Shot pip			
3010', 2815', 2622', 252'	2396	pulled 7	<u>4 join</u>	<u>ts. Plug</u>		L with 50	
sacks cement, 22 sacks ge	1, 25 sack	s cement	<u>, 8 sac</u>	cks gel a	<u>.nd_15_\$8</u>	acks cement.	
PLUGGING COMPLETE.							
THOUGHT OF THE COLOR OF THE COL							
				EIMIE COM			
					-n n 1 197	1	
				1		2-4-77	
(If additional Name of Plugging Contractor	KET2O C	HOTING LO	アヤナバグ	e BACK of	thisicshëë Wichita, Kansac	£iDil	
	CHASE	, KANSAS					
STATE OF	ANSAS COUN	TY OF	RICE			SS.	
R.						wner or operator	
of the above-described well, h							
the facts, statements, and mat as filed and that the same are			and the o help m		ie above-o	escribed well	
	(Sig	nature)	KA	auell	2/10		
	:		CI	IASE, KAN	SAS		
CID CODIDED AND CHOOM TO	4LJ	- 21-	+ 4		ddress)	10 77	
SUBSCRIBED AND SWORN TO I	serore me thi	s <u>31s</u>	t day	,	Jan.	, 19 77	
-				nargar	et Dn	elcher	
My commission expires	Rice County	/, K ٤			No	tary Public.	