STATE OF KANSAS STATE CORPORATION COMMISSION

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

API	NUMBER	15-079	-00848 -	0001
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200 jĈolorado Derby Bullding Wichita, Kansas 67202	LEASE NAME Neufeld	
TYPE OR PRINT	WELL NUMBER 9	
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.	Ft. from S Section Line	
LEASE OPERATOR Energy Three, Inc.	SEC. 18 TWP. 225 RGE. 3W (4) or (W)	
ADDRESS P.O. Box 1505 Great Bend, Ks. 67530	COUNTY Harvey	
PHONE \$816) 792-5968 OPERATORS LICENSE NO. 5430	Date Well Completed	
Character of Well Oil	Plugging Commenced 9-26-91	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)	Plugging Completed 10-3-91	
The plugging proposal was approved on	(date)	
by		
Is ACO-1 filed? If not, is well log attached?		
Producing Formation Depth to Top		
Show depth and thickness of all water, oil and gas formation		
OIL, GAS OR WATER RECORDS CAS	SING RECORD	
Formation Content From To Size F	RECEIVED Put in Pulled A GOARD OF THE THE PROPERTY OF THE PROP	
8 5/8"	3170' none 00T () 0 4004	
4 1/2"	3170' none 0CT 0 8 1991	
Describe in detail the manner in which the well was plugged, placed and the method or methods used in introducing it intwere used, state the character of same and depth place. Sanded bottom to 3352' dumped 4 sacks 2512'. Mixed 500# hulls, 20 sacks gegel, 250 sacks cement, Max Pressure 5	to the hole. If cement or other plug d, from feet to feet each set s cement. Shot pipe @3119' L, 100 sacks cement. 25 sacks	
(If additional description is necessary, use BACK	of this form.)	
Name of Plugging Contractor KELSO CASING PULLING, IN	C. License No. 6050	
Address P.O. Box 347 Chase, Kansas 67524		
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Energy	Three, Inc.	
STATE OF Kansas COUNTY OF Rice	, ss. ,	
R. Darrell Kelso (Fm	ployee of Operator) or (Operator) o	
above-described well, being first duly sworn on oath, says: statements, and matters herein contained and the log of th the same are true and correct, so help me God. (Signature)	That I have knowledge of the facts	
SUBSCRIBED AND SWORN TO before me this 4	day of Ocotober ,1991	
My Commission Expires: IRENE HER State of My Appt. Exp. A	(nnsas t-	

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