STATE OF KANSAS STATE CORPORATIO 200 Colorado Der Wichita, Kansas

## WELL PLUGGING RECORD

API	NUMBER_	15-099-23,759	0090
			_

	. K.A.R.	K.A.R82-3-117		API NUM	API NUMBER 15-099-23,759 5090		
200 Colorado Derby Building Wichita, Kansas 67202				LEASE N	AME Emma Staudinger		
•		TYPE OR PRINT OTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER #1		
	and return				2970 Ft. from S Section Line		
	office wit				2970 Ft. from E Section Line		
LEASE OPERATOR <u>Davis Petr</u>	SEC. <u>8</u>	_TWP. <u>16S</u> RGE. <u>12_</u> 0∕ <u>€</u> 0/or(W)					
ADDRESS R.R. 1 Box 183 B G	COUNTY	Barton					
PHONE#(316)793-3051OPER	Date We						
Character of Welloil		g Commenced 12-28-89 4:00PM					
(Oll, Gas, D&A, SWD, Input, W	Pluggin	g Completed 12-28-89 6:30 P					
The plugging proposal was app	roved on		Decemb	per 28, 198	9 (date)		
byG	ilbert Scheck			(KC	C District Agent's Name).		
Is ACO-1 filed? yes							
Producing Formation conglome							
Show depth and thickness of a							
OIL, GAS OR WATER RECORDS	•	_			RD		
			·				
Formation Content	From	То	Size	Put In	Pulled out		
surface production	0		8 5/8"	809	none		
production		3399	5 1/2"	3399	-2230'-(58 Jts.)		
Describe in detail the manner placed and the method or met were used, state the characteristics.  Sand to 3270' and cap W/5sx.  pump 200 sx. cement & 5 sx.  60/40 Poz, 8% Gel	hods used in In ter of same a cement ran wir	trodu nd de <u>eline</u>	cing it i pth plac	nto the ho ed, from_	le. If cement or other plugs _feet tofeet each set.		
(If additional des	cription is nec	essar	y, use <u>BA</u>	CK of this	form.)		
Name of Plugging Contractor	Allied Ceme	nting	Company		License No.L/1		
Address Great Bend,					TALL		
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	Dar	vis Petro	leum, Inc.	JAH 5 (St.)		
STATE OF Kansas	COUNTY OF	В	arton		_, ss. CONSERVATION DIVISION OF COMMISSION OF COMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF COMMISSION OF		
L. labove-described well, being f statements, and matters her the same are true and correct	ein contained a	nd th d. (	ath, says	the above	(x分文文文文文文) or (Operator) of ave knowledge of the facts, described well as filed that		
SUBSCRIBED A	ND SWORN TO bef	ore m	e this 4t	h day	of January ,19 90		
			E	Pessie >	n. Dowleff		
	n Expires:	5_20.		Not	ary Public		
MOTARY PUBLIC - State of Kansas	cxp11 634	2 40	<u> </u>	Bess	sie M. DeWerff		

BESSIE M. DOWERFF My Appt. Exp. 5- 20-93

Form CP-4 Revised 05-88