STATE OF KANSAS

WELL PLUGGING RECORD

STATE CORPORATION COMMISSION

K.A.R.-82-3-117

API NUMBER 15-185-22,465-0000

'200 Colorado Derby Building 'Michita, Kansas 67202					LEASE	LEASE NAME Robert		
•	TYPE OR PRINT					WELL NUMBER #1		
	NOTICE: Fill out completely and return to Cons. Div. office within 30 days.					in Ft. fro	m S Section Line	
÷						<del></del>	m E Section Line	
LEASE OPERATOR L. D. Drilling, Inc.						<del></del>	RGE. 12 (x5) or (W)	
ADDRESS R.R. 1 Box 183 B Great Bend, Kansas 67530					COUNT	COUNTYStafford		
PHONE# (316) 793-3051 OPERATORS LICENSE NO. 6039						Date Well Completed 10-13-87		
Character of Well D&A					Plugg	Plugging Commenced 10-13-87		
(Oil, Gas, D&A, SWD, Input, Water Supply Well)						Plugging Completed 10-13-87		
Did you notify the KC(	C/KDHE Joint D	istrict 0	ffice	prior to	o pluggin	g this well	?yes	
Which KCC/KDHE Joint (	Office did you	notify?_	D <u>i</u>	st. <u>1</u>	Dodge Ci	ity Steve D	urrant	
is ACO-1 filed? yes								
Producing Formation							_T.D. 3638;	
Show depth and thickne								
OIL, GAS OR WATER REG	CORDS	_1			CASI <u>ng</u> RE	CORD		
Formation Con	ntent	From	То	Size	Put in	Pulled o	u†	
<u> </u>	<del></del>		-		_			
		_			_			
Describe in detail the placed and the method were used, state the 50 sx at 630  10 sx at 40  15 sx. in rat hole 15 sx. in water we	or methods us character of s e	ed in int	roduc iepth	ing it i	nto the h fromfee	ole. If cem of tofeet	ent or other plug	
(17 800)710	onal descripti			-	<del></del> -			
Name of Plugging Conti	ractor	ь. р	). Dri.	lling, I	nc.	License N	o. <u>6039</u>	
Address R.R. 1 Box 18	83 B Great Be	nd, Kansa	s 67	530	·		- <u>-</u> -	
STATE OF Kansas	c	OUNTY OF	B	arton		,ss.		
Greg Davidson	<del></del>						or (Operator) of	
above-described well, statements, and matter the same are true and	rs herein cont	ained and	the	ath, say log of t Signatur	he above-	nave knowl described w	eage of the facts ell as filed that	
		PECTU-			( )	Davidson		
	STATE C	PECTUS.	JMICISSIO	NGGI 633)			at Bend, Ks.	
1 <i>0</i> -	cribed and swo $-29-1987$	CT 2 7 19	ore m 37	e this _	22nd da	y of Octob	er,19 <u>87</u>	
	•	Fallerio i can	_	<u> </u>		Notary Publi sie M. DeWe		
MOTARY PUBLIC - State BESSIE M. Do My Appt. Exp. 5	WERFF	eunh <u>a, ir insce</u> •	<u></u>	<del>9∀</del> -		<del></del>	Form CP- Revised 08-8	