STATE OF KANSAS STATE CORPORATION COMMISSION	724-71904174 -22-38-A		API NUMBER 15-009-21,536				
130 S. Market, Room 2078							
Nichita, 'KS, 67202 √ 1	TIPE OR PRINT		WELL NUMBER 1				
•	MOTICE: Fill out of and return to	Coss. Div.	4000		Section Line		
•	office within ?	30 days.	4000	•	Section Line		
LEASE OPERATOR SMOKEY VALLEY RES	SOURCES			•	12E) or (W)	x	
ADDRESS 1325 HWY 56, LYONS, KS 67554				COUNTY BARTON			
PHONE 8 (316 )257-5529 OPERAT			_				
Character at Well OIL					12-19-96		
(OII, Gas, D&A, SWO, Input, Wat	er Supply Well)				12-19-96		
The plugging proposal was appro	12.40.00			_	(date)		
HERB DEINES	<del></del>				gent's Name).		
Is ACO-1 filed? YES If							
Producing Formation ACB							
Show depth and thickness of all							
OIL, GAS OR WATER RECORDS			SING RECOR	0		_	
Formation Content	From To	\$1 z,e	Put la	Pulled out		]	
ARB. Oil & WATE	K 33 20' 3460'	35"	3400	1926:		-	
Describe in detail the manner I						••	
placed and the method or metho	ds used In Introdu	icing it is	to the hol-	e. if coment	or other plu	S	
8 5/8" TO 284' W/165 SXS. 5 1/2" TO 3400' W	1/125 SXSSANDED TO 32	90' AND SPOTT	TED 5 SXS CEM	ENT WITH DUMP	BAILER, SOT	<del>-</del>	
CASING LOOSE AT 1926' AND PULLED TO 14 800' AND PUMPED 35 SXS CEMENT WITH 1	50# HULLS. PULLED CAS	ING TO 400' AN	ID PUMPED 35	SXS CEMENT WI	CASING TO TH 150# HULLS	<del>-</del>	
PULLED CASING TO 150' AND CIRCULATED	CEMENT WITH 20 SXS. F	PULLED CASING	G WITH CEMEN	T IN CELLAR		_	
Name of Plugging Contractor QU	ALITY WELL SERVICE, INC	<b>)</b> .	L	Icense No.	31925		
Address 249 E. BETH DR., STERLING, I	KS 67579			=======================================	/Si	_	
NAME OF PARTY RESPONSIBLE FOR P	LUCCING FEES: GE	ORGE SALING	.5-	1-97	ν <u>ν</u> ω	_	
STATE OF KANSAS	COUNTY OF	RICE		,554	ORI	-	
		(E	mployee of	ン Operator) <u>-</u> -	~ 0	0	
above-described well, being fir statements, and matters here!		ath, says:	That I ha	ve knowledge	ofthe fact	\$	
the same are true and correct,	so help se God.	•	GEORGE SAL		l.L	•	
				6, LYONS, KS 675	54		
		(Address)	227	Annil		_	
ZUBS CRIBED AND	SWORN TO before a	this &	3rd. day o	ADILL	, 19 97	_	
	- ·	04 100=	Here Hotel	ry Public	9	~	
My Commission	Expires: August	24, 1997					
	LAUVA PARTIE	IRENE HERZ State of Ka My Appt. Exp. Aug	nsas	1	Form CF- Revised 05-6		