STATE OF KANSAS WELL PLUGGING RECORD

TATE CORPORATION COMMISSION K.A.R.-82-3-117

15.185.20532.0000

STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	K.A.R82-3-117			API NUI	API NUMBER 15-185-20,532 LEASE NAME M Hammeke		
				LEĄSE I			
	TYPE OR PRINT NOTICE: Fill out completely			WELL N	UMBER6_		
	and return	and return to Cons. Div. office within 30 days.			Ft, from S Section Line		
	dilica wi				Ft. from E Section Line		
LEASE OPERATOR Energy Three, Inc.				SEC22	SEC. 22 TWP.215 RGE. 12WXE) or (W)		
ADDRESS Box 1505 Great Bend, KS. 67530				COUNTY	COUNTY Stafford		
HONE#(316) 792-5968 OPERATORS LICENSE NO. 5430				Date We	Date Well Completed		
Character of Well <u>Oil</u>				Plugglr	Plugging Commenced 8-31-90		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggir	Plugging Completed 9-26-90		
he plugging proposal was appr	oved on					(date)	
у	. <u></u>			(к	CC District	Agent's Name).	
s ACO-1 filed?If							
roducing Formation	Depth	to	Тор	Bott	omT	D. 3650'	
how depth and thickness of al							
OIL, GAS OR WATER RECORDS			с	ASING RECO	RD		
Formation Content	From	То	Size	Put in	Pulled out		
		.]	8 5/8"	246'	none		
			5 1/2"	3674	401'		
		·{	-		·		
escribe in detail the manner laced and the method or method ere used, state the charact Sanded bottom t 2200', 2100', 2	ods used in in er of same a o 3600' ran	trodu nd d 5 s	ucing it la epth plac acks ceme	nto the ho ed, from eent. Sho	le. If cemer feet to ot pipe @2	t or other plugs _feet each set. 400', 2300',	
150 cement w/10							
(lf additional desc	lption is nec	essar	y, use BA	CK of this	form.)		
ame of Plugging Contractor	KELSO CASIN	G PU	LLING, I	NC.	_		
ddressP.O. Box 347 Cha	se, Kansas	675	24		11+	CEIVED	
AME OF PARTY RESPONSIBLE FOR I	PLUGGING FEES:		Energy	y Three,	Inc.	4000	
TATE OF Kansas	COUNTY OF		Rice :		1001 Ss• 160	1 1990 - 4-90	
R. Darrell	Kelso		. (E	Employee o	CONSER	/ATIÓN DIVÍSION dia,l(:Oxpærator) of	
bove-described well, being fir tatements, and matters herel			ath, says:	That I ha	ave knowledg	e of the facts,	
he same are true and correct,		i.	Signature)	· /	sell &	_	
		(Address)	P.O. Bo:	x 347 Chas	e.KS. 67524	
SUBSCRIBED AND	SWORN TO befo	ore m	e this	3 day (0ct.	,1 9 90	
		(- Qu	40 1/1	enheig		
My Commission	Expires:	Yeu.	IRENE HERZBE	-100	Public		
my Commit 551011			State of Kans y Appt. Exp. Aug. 2			Form_CP-4	