STATE CORPORATION COMMISSION	K.A.R.	-82-3	-117	API NUM	BER 15.185.0	0000.0000	
er = **	TYPE OR PRINT E: Fill out completely			LEASE N	LEASE NAME Taylor		
Wichita, KS 67202 HEGENED MEGENTED				AELL MU	MELL NUMBER 3		
MOTICE: Fill out completely 1007 and return to Cons. Div. 1007 and return to Cons. Div.					Ft. from S	Section Line	
						Section Line	
LEASE OPERATOR K.C.J. Operations							
ADDRESS RR 2 - Box 113 Ellinwood, Ks. 67526					SEC. 22 TWP. 21 RGE. 12 XX) or (W) COUNTY Stafford		
PHONE (316) 564-2279 OPERATORS LICENSE NO. 31647					Date Well Completed		
Character of Well Oil					Plugging Commonced 5/5/97		
(OII, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed		
The plugging proposal was approved on 3-26-97							
						gent's Name).	
Producing Formation Depth to Top							
					OM	3371	
Show depth and thickness of all water	-, oli a:	na ga:		•			
OIL, GAS OR WATER RECORDS			C	ASING RECO	RD		
Formation Content .	From	To	Sizo	Put In	Pulled out		
	\ <u></u>		8 5/8"		15001	· · ·	
			5 ½"	3564	1580'		
Describe in detail the manner in which	ch the w	all v	as nivade	d Indicat	ing where th	a mud fluid wa	
placed and the method or methods use	ed in in	trodu	cing it i	nto the ho	le. If cemen	it or other plud	
Sanded to 3080'. Bailed 5 sks to 310'. Pumped 50 sks. Pulle	cement	nd do . Sh	ot 3100'	2001 -		_feet each set Pulled	
to 310'. Pumped 50 sks. Pulle pipe. Topped off with 10 sks.	ed to 3	Ŏ'.	Pumped	LÚ sks.	Pulled res	t of the	
pipe. Topped off with 10 sks.							
Name of Plugging Contractor Quality	y Well	Servi	.ce, Inc.	<u> </u>	License No	31925	
Address 249 E. Beth Drive Sterling	, Ks. 67	579					
NAME OF PARTY RESPONSIBLE FOR PLUGGII				ons			
STATE OF Kansas COL	ס אדאע оғ	Bart	on		_, 33.		
Kim Churchill	 					or (Operator)	
above-described well, being first du statements, and matters herein con							
the same are true and correct, so he	ip me. Go		Signature) Kemi C	hurchell	-	
		(Address)	RR 2 -	Box 113		
, SUBSCRIBED AND SWORI	N TO bot		,	Ellinwo	ood, Ks. 67		
JENNY KASSELMAN	, 5 541	J. G. III	<u>/</u>	10000	1		
State of Kansas My Appt. Exp. 7-16-98 My Commission Expire	<i>y</i>	_ 	.90 /	To t	ary Public	Len .	
USE ONLY ONE SIDE OF EACH FO		16-	10.		•		