Form CP-4

STATE OF KANSAS
STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission

## WELL PLUGGING RECORD

| 212 No. Market  | <u>.</u>                | Rice   | Count  | v. Sec. 4  | Twp. 21S Rge                                     | $\frac{6}{E}$       | $W_{-}(W)$         |
|---|-------------------------|--|--|--|--|---------------------|--------------------|
| Wichita, Kansas<br>NORTH  | Location as "NJ         | E/CNW¤SW¤" d                                     | r footage fro                                    | m lines_SE                                       |  |                     |                    |
| 1 1   | Lease Owner_            | Plains E   |  | ion Co.<br>Alexande                              | ·<br>~   |                     | <del></del>        |
| 1 ! !   | Lease Name              | Denver,  | Colo.  | rexande  | τ.   | Well No             | <u> </u>           |
| <u> </u>  | Office Address_         |  |  |  |  |                     |                    |
|   | Date well com           | ell (completed a                                 | is Ou, Gas o                                     |  | <u>Oil</u><br>ug. 21                             | <del></del> -       | 1949               |
| i   i   | Application for         | •  | Oct  | 28   |  |                     | 19 <sup>68</sup>   |
|   |                         | plugging approv                                  | <sub>ed</sub> Oct                                |  |  |                     | 1008               |
| i   | Plugging comm           |  | Oct  |  |  |                     | 68                 |
|   | Plugging compl          | eted   | 701  | 7. 5   |  |                     |                    |
|   | Reason for abar         | idonment of well                                 | or producing                                     | g formation                                      | Deplet   | non                 |                    |
| ļ 1 ļ į   | ·                       |  |  | <del>.</del>                                     | Octobe   |                     | - 68               |
| }   |                         | well is abandone                                 |  | _  |  |                     | _ <sub>19</sub> 68 |
| Locate well correctly on above  | •                       | obtained from                                    | ₩.   |  | or its agents be                                 | tore plugging       | was com-           |
| Section Plat<br>Name of Conservation Agent who supe                             |                         |  |  | lbert T  | oman   |                     |                    |
| Producing formation   | I                       | Depth to top                                     | Botton   | 2  | Total Depth o                                    | f Well 347          | 72 Feet            |
| Show depth and thickness of all water   |                         |  |  |  |  |                     |                    |
| OIL, CAS OR WATER RECORI  | ne                      |  | •  | •  |  | CASING RE           | ะคายก              |
| OIL, GAS OR WATER RECORD  | 73                      | 1  | 1  | <del> </del>                                     | <del></del>                                      | CASING RE           | CORD               |
| FORMATION   | CONTENT                 | FROM   | то "   | SIZE   | PUT IN   | PULLED              | דעם                |
|   |                         | <u> </u>   |  | ,  | <del> </del>                                     | <del></del>         |                    |
|   | -                       |  | -  | <del> </del>                                     | <del> </del>                                     | +                   |                    |
|   |                         | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> |                     | <del></del>        |
|   |                         | <del>                                     </del> |  | <del>                                     </del> |  | +                   |                    |
|   |                         | -  |  |  | <u> </u>   | -                   |                    |
|   |                         |  | ·  |  |  |                     |                    |
|   | <u> </u>                | <u>'</u>   |  | <u> </u>   |  |                     |                    |
| t   | Shot pipe of co 215. Se | t rock br  | idge fi  | rom 215*   | to 200   | and dur             | nped               |
| 1   | 0 sacks of              | cement at  | top o  | f cellar   | •  |                     |                    |
| ·   | <del> </del>            | <del></del>                                      | •  |  |  | <del></del>         |                    |
|   |                         |  |  |  |  |                     |                    |
|   |                         | <u></u>  |  |  | ATE A  | ,                   |                    |
|   |                         |  |  |  | -0 <sub>R</sub>                                  |                     |                    |
| <del></del>   | •                       | <del></del>                                      | •  |  | CONO NOI   | TONO C              | <del>^</del>       |
|   |                         |  | <u>`</u>   | <u> </u>   | WAY.   | TATION COM          | M/0.               |
|   |                         |  |  |  | Victit.  | <del>700, 100</del> | - SCON             |
| -   |                         |  |  |  |  | Tan OIVIO           |                    |
| v toler of the Tec  | (If additional          | description is neces                             | sary, use BACK                                   | of this sheet)                                   | CONSERVATION WICHING                             | 10/0/Ses.           | <u></u> -          |
|   | _                       |  | v.   |  |  |                     | <u> </u>           |
| Address ———————————————————————————————————                                     | <del>itchinson, K</del> | ans.   |  |  |  | <del></del>         |                    |
| CTATE OF Kans.  |                         | Dom  |  |  |  |                     |                    |
| STATE OF Employee   | , COU                   | NTY OF Rer                                       |  | <del></del>                                      | , ss.  |                     |                    |
| <del></del>   |                         | ((   | employee of                                      | ewner) or (ow                                    | ner or operator                                  | nof the above       | e-described        |
| well, being first duly sworn on oath,<br>above-described well as filed and that | says: Inat I have kn    | owledge of the                                   | tacts, statem                                    | ents, and matt                                   | ers herein conta                                 | ined and the        | log of the         |
|   | t the same are true an  |  | erb Jue 2000.                                    | Dak  | $X_{n}$  |                     |                    |
|   |                         | (Signature)                                      |  | X/1/\  | J. J. J.   | <u> </u>            |                    |
|   |                         | F  | R. #   | 4, Hutch   | inson, K   | ang.                |                    |
| 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | • -                     | _  |  | ,  | (Address)  | 1                   |                    |
| Sugstribled and Sworn to befo   | re me this 8t           | hday of_   | -Novemi  | ber-   | , 19.  | <del>-68</del> -    |                    |
| A TAP A   | ,                       |  | Wash   | Ky -   | Sell   | <u></u>             |                    |
| My commission or pro-   | etober 18, 1            | 969  | -  |  |  | Notar               | y Public.          |