STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichits, Kanses 67202

## WELL PLUGGING RECORD K.A.R.-82-3-117

LEASE NAME	Mellies
WELL NUMBER	#6

API NUMBER 15.185. 22125, 0000

Wichita, Kansas 67202			LEASE NAME Mellies						
		TYPE OR PRINT			WELL NUM	WELL NUMBER #6			
NOTICE: Fill out complet and return to Conse D					Ft.	from S	Section Li	nø	
	ffice with	fice within 30 days.			-				
	_		,					Section Li	
LEASE OPERATOR	Globe Exploration Box 12	n, Inc.			sec36_	_TWP.	_21_RGE	•12W (E)or	w))
ADDRESS Great Bend, Kansas 67530					COUNTY _	-			_
PHONE (316) 792-7607 OPERATORS LICENSE NO. 6170					Date Wel	l Cor	npleted	12-6-84	<del></del>
Character of Well Oil					Plugging	у Соли	nenced	8-10-87	
(OII, Gas, D&A, SWD, Input, Water Supply Well)					Plugging	g Com	pleted	8-17-87	
Dld you notify th	e KCC District Off	ice prior	to p	lugging ti	nis well?_	<u> Y</u>	es	<del></del>	
Which KCC Office	dld you notify?	Dist. #	<u> </u>	Dodge Ci	ity, Kansas	3			
Is ACO-1 filed?_	lf not,	is well	log a	ttached?		_	_		
Producing Formati	on	Depth	to To	ор	Botto	om	T•	o 3700'	
	ickness of all wat								
OIL, GAS OR WATE	R RECORDS	<u></u>	<del></del>	C	ASING RECO	RD			
Formation	Content	From	To	Size	Put In	Pull	tuo be		
		_	<b> </b>	8-5/8"	302	non		<del></del>	<b></b>
				5-1/2"	3698	243	7'		)
	_ <del> </del>	—}	<b>∤</b> -	·	ł	ļ			\
placed and the m were used, state Plugged off	I the manner in wheethod or methods use the character of bottom with sand	sed in in f same a to 35471	trodu nd de and 5 Plu	cing it in opth plac sacks ce goed surf	nto the ho ed, from_ ment. Sho	le. I _feet tpi	f cemen to pe 0243	t or other feet each 37', pulled	plug set
	ull, plug and 130							<del></del>	
(If ad	mplete. ditional descripti	on is nec	essar	y, use BAG	CK of this	form	• )		
Name of Plugging	Contractor <u>Kelso</u>	Casing Pu	lling	, Inc.	·	Licen	se No	6050	
Address P.	0. Box 347 Chas	e, Kansas	6752	4					
STATE OF Kans	as C	OUNTY OF	Ric	e		_,ss.			
	Vice-President							r (Operato	
statements, and m	well, being first atters herein cont	ained and	the						
the same are true	and correct, so h	elp me Go		Signature	Box 3	7 /2 47		!la_	
			(	Address)	Chase	, Kar	sas 67!	524	
	SUBSCRIBED AND SWO	ORN TO bef	ore m	e this 2	enei K	7 Join	ugust	,19 _	87
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•	My Commission Expi	res: 🕶 📆	- N	MENE MOOV	ELE				

My Commission Expires:

INENE MODVER State of license My Appt Exp. Aug. 15, 1989

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Form CP-4 Revised 07-86