STATE CORPORATION COMMISSION STATE CORPORATION COMMISSION 130 S. Market Rm. 2078	2
Wichita, Kansas 67202	
Ý	

STATE CORPORA		OMMISSION	NG RECORD 3-117		API NU	MBE	R:	097-2	097-214250000 Olsen					
Wichita, Kansas (I WATER OF		LEASE	EASE NAME:							
`			TYPE OF			WELL NUMBER:								
			NOTICE: Fill out complete and return to Cons. Div.			1620		Ft. from	m South	(S) Se	ction L	ine		
			office within				300 Ft. from E			m East (l	East (E) Section Line			
LEASE OPERATO	R:	WILLIAM	S NATU	RAL GAS CO.			SEC.		18 TWP.	285	RGE	19	(W)	
ADDRESS P.O. BOX 32				3 MD 32-3, Tu	-	COUNT	ΓΥ:	 Kiowa		_		_		
PHONE # -918	588-333	0 OPER	ATORS	LICENSE NO.	9362	-	Date W	lell C	ompleted	(T/A)	9/3/97	, ,		
Character of Well		Test Well				-	Plugging Commenced				7/28/98			
(Oil, Gas, D&A, SV	VD, Inpu	it, Water Suppl	/ Well)				Pluggii	ng Co	ompleted		7/28/9	38		
The plugging prop	posal wa	s approved on		7/20/98									(date)	
by	Steve D	urrant	•							(KCC	Distric	t Agenf	t's Name)	
Is ACO-1 filled?	Yes	lf not.	is well l	og attached?						 '		J	·	
Producing Format	•	N/A (Salt Test		Depth to top	•	Botton	——— n			T.D.	_			
Show depth and the	-		<u> </u>			-		_		_				
OIL, GAS OR WAT						CASIN	G							
· ·		· - · · · · · · · · · · · · · · · · · ·							_					
FORMATION C		CONTENT		FROM	TO	SIZE 13 3/8'	PUT IN " 630'		PULL	ED OUT				
						13 3/4		000		None				
Describe in detail introducing it into feet, each set.	the hol	e. If cement or	other pl	ug were used,	state the chara	cter of s	same an	d dep	th placed	, from		<u></u> 응		
RIH w/ 2 7/8" tubir Top well off with 3						zu-, pun	np 65 sk	s, PC	OH to 40	, pump c	ement			
Top well on with a	30 3N3. V	out and cap we	II 4 DER	W Suitace, ies	tore surface.					20020	48	<u>්ස්</u> :ට	Comi	
-	-			_								G.	Carl	
Name of plugging Contractor Willi				latural Gas Co	mpany			Lice	nse No.	93	362	<u> </u>	· 한타	
Address		P.O. B	ox 3288	MD 32-3, Tuls	a Ok 74101								<u> </u>	
NAME OF PARTY	RESPO	NSIBLE FOR PI	.UGGIN	G FEES:	Williams Na	atural G	as Com <u>ı</u>	pany				الله المراسو الله المراسو	<u> </u>	
STATE OF		Oklahoma _		COUNTY OF	Tulsa				, ss.		8	-2	.6-19	
Thoma	s W. Co	ok		(Employee of 0	Operator) or (O	nerator)	as abov	/e-de	scribed w	ell. beini	a first d	ulv sw	orn	
on oath, says: The	at I have	knowledge of	the facts	s, statements, a										
well as filed the sa	ame are	true and correc	t, so he	lp me God.		(SIGN	ATURE)	_	hom	on C	wlo	rak	,	
						(ADDR	RESS)	P.(O. Box 32	88 MD 3	2-3, Tul	sa OK	74101	
		SUBS	CRIBED	AND SWORN	TO before me t	his	18	人 day	of Qu	aust t	 , 19	—— 9	—— — ?	
					Caron	08.	Ook	lin	·				_	
					Notary Public				Ú					
		My Co	ommissi	on Expires:	February	× 2	200	12				CP-4 sed 05-	88	