KANSAS

Form CP-3 Rev. 6-26-62

## STATE CORPORATION COMMISSION

## CONSERVATION DIVISION AGENT'S REPORT

J. P. Roberts Administrator 500 Insurance Building Wichita, Kansas 67202 STATE CORPORATION COMMISSION

DEC 3 0 1968

Wichita, Kansas

| Operator's Full Na          | ama           | Phaon                                 | is Dr         | 4774n         | თ მი | מינות<br>מינות | tion        |                |              |                  |              |
|-----------------------------|---------------|---------------------------------------|---------------|---------------|------|----------------|-------------|----------------|--------------|------------------|--------------|
|                             |               |                                       |               |               |      | _              |             |                |              |                  |              |
| Complete Address:           |               |                                       |               |               | •    |                |             | <del></del> _  |              | <del></del>      |              |
| Lease Name                  | Ross          |                                       |               | -             | W    | ell N          | °•—         | 1              |              |                  | <del> </del> |
| Location                    | NW NW SW      |                                       |               | Sec.          | 4    | _Twp.          | 21          | _Rge           | _9           | (É)_             | (w) <u>X</u> |
| County                      | Rice          |                                       |               | T\            | tal  | Dept           | h           |                | 2983         | •                |              |
| Abandoned Oil Well          | lGas 1        | Well                                  | Input         | Well_         |      | sw             | D We        | 11             | 1            | A & C            | <u> </u>     |
| Other well as here          | after indica  | ated:                                 |               | <del></del> - |      |                |             |                |              | <del> </del>     |              |
| Plugging Contracto          | r: Operator   |                                       |               |               |      | <del></del>    | · <u></u> - |                |              |                  |              |
| Address:                    |               | <del> </del>                          |               |               |      |                |             | _Li ce         | nse          | No               |              |
| Operation Complete          | ed: Hour 5:   | 30 PM Day                             | 26            |               | Mon  | th De          | cemb        | er ,           | ear_         | 19               | 68           |
| The Above well was          | plugged as    | follows:                              |               |               |      |                |             |                |              |                  |              |
| Hole filled with r          | mud to 235.   | Plug and                              | ‡ sac⊦        | c hull        | Ls p | ushed          | to          | 235 <b>'</b> a | ınd l        | nole d           | emented      |
| with 25 sacks ceme          | ent through o | drill pipe.                           | Hole          | fill          | Led  | with:          | mud ·       | to 40          | . I          | Plug a           | and ½        |
| sack hulls pushed           | to 40° and 1  | nole cement                           | ed to         | base          | of   | cella          | r wi        | th 10          | sack         | cs cen           | ent.         |
| Rathole bridged an          | nd cemented t | with 2 sack                           | s ceme        | nt.           |      |                |             |                | -            |                  |              |
| ·                           | -             | · · · · · · · · · · · · · · · · · · · |               |               |      |                |             |                |              |                  |              |
|                             | 1             |                                       |               |               |      |                |             | _              |              | <del></del> -    |              |
|                             | <u></u>       |                                       |               |               |      | <del></del>    |             |                |              |                  |              |
|                             |               |                                       | <del></del> - |               |      |                |             | <del></del>    | <del>.</del> | -                | <del></del>  |
| T have been a south for the |               |                                       |               |               |      |                |             |                |              |                  |              |
| I hereby certify t          | nat the abov  | e well was                            | brugg         | ea as         | ne   | rein :         | state       | ea.<br>Di      | 1 1          | 1 <sub>0</sub> . | 1            |
| INVOI                       | GED           |                                       |               |               | Si   | gned:          | Wo.         | 11 010         | <u> </u>     | X.1              | oman)        |
| DATE 12-3                   | 0-60          |                                       |               |               |      |                | 1167        | LI PIU         | 88 101       | g oup            | ervisor      |
| DATE 12-3<br>INV. NO. 917   | 10-11         |                                       |               |               |      |                |             |                |              |                  |              |
| 113 V. 140.                 | L             |                                       |               |               |      |                |             |                |              |                  |              |