## WELL PLUGGING RECORD

## 15.159.30255.0000

STATE CORPORATION COMMISSION 200 Coforado Derby Building Wichita, Kansas 67202	K.A.R82-3-117			API NUM	API NUMBER N/A		
				LEASE NAME Lee			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.			WELL NUMBER 2			
					Ft. from S Section Line		
	office wit	office within 30 days.			_ Ft. from E Section Line		
LEASE OPERATOR Sterling Dr	illing Company	<u> </u>		SEC. 27	TWP. 20S RGE. 6W KK) OF (W)		
ADDRESS P.O. Box 129 Sterling, Ks. 67579				COUNTY	Rice		
PHONE# (316) 278-2131 OPERATORS LICENSE NO. 5142				Date We	!! Completed		
Character of Well Oil				Pługgin	g Commenced <u>4-6-92</u>		
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed 4-7-92		
The plugging proposal was approved on					(date)		
by Jack Luthie				(KC	C District Agent's Name).		
Is ACO-1 filed?If	not, is well	log a	nttached?				
Producing Formation	Depth	to T	`op	Botte	om		
Show depth and thickness of al					KANSAS CORPORATION COMMISS		
OIL, GAS OR WATER RECORDS			C/	SING RECOF	2 D		
Formation   Content	From	To	Size	Put in	APR 2 0 1992		
			]		CONSERVATION BUILD		
			8 5/8" 5 1/2"	3369'	none WICHITA, KS		
Describe in detail the manner placed and the method or method were used, state the charact Sanded bottom set 35 sacks,	ods used in in er of same a	trodu nd de 5 sac	cing it in opth place oks cement	to the holed, from Shot pip	e. If cement or other plu feet to feet each se e @2440'. Pulled up to 75		
(If additional descr	Intion is nec	assar	v. usa BAC	K of this	form.)		
	•			·			
Name of Plugging Contractor				<u>\(\(\(\)\)</u>	. Tuense No		
Address P.O. Box 347 Cha				<del></del>			
NAME OF PARTY RESPONSIBLE FOR F							
STATE OF Kansas	COUNTY OF _		Rice	·	,ss.		
R. Darrell	Kelso		(E	mployee of	Operator) or (Operator)		
above-described well, being fir statements, and matters herei the same are true and correct,	n contained ar	id thi	e log of t	he above-d	ve knowledge of the fact escribed well as filed th		
•				•	347 Chase, KS. 67524		
. SUBSCRIBED AND	SWORN TO befo	ore m	e this 1	7 day o	f April ,19 92		
				James	Dentria		
My Commission	Expires:	* 10	RENE HE	and the same of th	ry Public		
			State of P My Appt. Exp. A	(ansas l	Form CP- Revised 05-8		