STATE, OF KANSAS

JACQUELYN B. MONROE

My Appt. Oppnission Expire

WELL PLUGGING RECORD

200 Colorado Derby Building		K.A.R82-3-117				API NUMBER 15-145-21,338.000		
fichita, Kansas 6	1202	TWO				LEASE NAME SCHMIDT		
	NOTICE: FILL	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER 1 1650 Ft. from S Section Line			
	and return							
		= V WII	.	y = •	3630	3630 Ft. from E Section Line		
EASE OPERATOR B-	-7, Inc.				SEC3	SEC. 36 TWP. 20 RGE. 16 (E) or (W)		
ADDRESS 1530	Valleyview Ct	t., Wichita,	<u>KS 67:</u>	212	COUNTY	COUNTY Pawnee		
HONE#(316 721-51	190 OPERATO	ORS LICENSE N	0. 0	3766	Date We	ill Completed $\frac{11}{2}$	1-18-90	
Character of Well_	D&A	•			Pluggin	ig Commenced	1-18-90	
OII, Gas, D&A, SWO	D, Input, Wate	er Supply Wel	1)		Pluggin	Plugging Completed 11-18-90		
he plugging propos	sal was appro	ved on]	L1-18-90			(date)	
Steve Dur	rant				(KC	CC District Age		
s ACO-1 filed? At	ttached If	not, is well	log a	ttached:?/\	JEO.			
roducing Formation	None	Depth	STAT to T	ob E ChannaVara	'' CEMMUSSION Bott	omT.D.	3870 '	
show depth and thic				. 1444.	1001			
OIL, GAS OR WATER			_	CONSERVATICO	ASVINONRE CO	PRD 1-14-91		
	Content	From	То	Wichita, Ka		Pulled out		
		Surf.	Ì	8 5/8"	ì	None		
		- Juli		3 3/0"	1000	.,,,,,,,,		
			.			.		
lescribe in detail laced and the met ere used, state ell plugged by BJ 40 sx @37801; 50	thod or method the characte Services with	ds used in in er of same a n a total of	trodu nd de 140 sa	cing it i opth plac acks 60/40	nto the ho ed, from O Poz, 6% ;	le. If cement of the second of	or other plugs	
70 34 G3/00'; 30	<u>oa C10/0'; Z:</u>	<u>, on (v+∪·; 10</u>	SA K	<u></u>	TO RY MORE	e ii0 re		
(If add)	itional descr		essar	y, use BA	CK of this	form.)		
ame of Plugging Co		J Services & rn <u>co Drilling</u>	, Inc.	<u> </u>	· 	License No30	1517	
ddress P. O. Box 7	771327, Wichit	a, KS 67277						
IAME OF PARTY RESPO	ONSIBLE FOR P	LUGGING FEES:	В-	-7, Inc.				
TATE OF Kansas		COUNTY OF	Se	edgwick		_,ss.		
Joe Brougher,	Agent for B-7				Employee	of Operator) or	(Operator) of	
bove-described well tatements, and m he same are true a	ll, being firs natters herein	st duly sworn n contained a	nd the	ath, says	: That I h the above-	ave knowledge o	of the facts,	
				Address/	J	leyview Ct., Wic	hita KS 6791	
ę,	UB\$CRIBED AND	SWORN TO had		U		of January	,19 9 /	
NOTAR JACC	Y PUBLIC-STATE OF K QUELYN B. MON	'ANSAS IROE	2	\acg	ulin K	3. Mourae		

Form CP-4 Revised 05-88