STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA KS 67202

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

TYPE OR PRINT
NOTICE: Fill out Completely
and return to coms. div.

API NUMBER	-113-21180 - 00 - 0 0					
LEASE NAME	B Stucky`					
WELL NUMBER 3630	2					
	ft. from S Section Line					

	office within 30 days.				1980			ft. from E Section Line		
LEASE OPERATOR S & H Oilfield Entreprises					SEC. 15 TWP. 2		20 RGE. 3 (E) or (W)			
-	Moundridge, KS	67107			COUNTY Mo	Pnerso	<u>n</u>			
PHONE# (620) 345		1	ISE NO	6159	Date Well Con	npleted		···· <u>·</u>		
Character of well Oil			19E NO		Plugging Commenced 1		1/19/02	1/19/02		
(Oil, Gas, D&A, SWD, in					Plugging Comp	pleted	1/21/02			
•	- • •	1/16/02						(date)		
The plugging proposal was	approved on	17.107.02						(date)		
by Doug Louis					hla 4aa		(XCC District	t Agent's Name).		
Is ACO-1 filed?								·		
Producing Formation ————————————————————————————————————	of all water, oil and ga	Depth to Tops formations					T.D	3135		
OIL, GAS OR WATER R					ING RECORD					
Formation	Content	From	То	Size	Put in	Pulled o	ut			
				8 5/8	214	none				
				5 1/2	3134	1830				
		•								
sacks cement. Pulled	to 325, circulated	d cement to surfa	ice. Rai	n poly to 14	5, circulated o	ement.				
Name of Plugging Contract	or Quality Well S	Service, Inc.			License I	No. 319)25	3-1-02		
Address401 We	est Main, Lyons, k	(S 67554				- · · · - · · · · · · · · · · ·		\\\=\\\\		
NAME OF PARTY RESPON	SIBLE FOR PLUGGII	NG FEES: S&F	Oilfield	Entreprise	s			4		
STATE OF You	50-51	COUN	TY OF	me Ph	OF51911		MAR - ., ss.	7 2002		
2/	7				Employee of	: 0	•	CHITA		
above - described w	ell, being first	duly sworn on	oath.							
statements, and ma		-	_				_			
the same are true	and correct, so	help me Goo	í.		x /	$l \mathcal{N}$	•			
				(Signature)		$\frac{R}{M}$	ener	· / //-		
			7 c+1	(Address)	<i>- 1</i>	(108_	Mound	sage KS		
SUBSCI	RIBED AND SWORN	TO before me 🚨	× 8	day of _	reb L. Marl	/, ,	,	20 <u>02</u>		
			7/	<i>Gernel</i>	Notary Public	ren_	sr. st			
Му	commission Expires :	自 NO		- State of Kansa	5 			Form CP-4 Revised 05-88		
			My Appt. E	EL. GRABER 坪	_		l	1241967 00-00		

OR