STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building

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

API NUMBER 15.113.00483.0001

lichita, Kansas 67202			LEASE NA	ME	Bonham	
TYPE OR PRINT NOTICE: Fill out completely				WELL NUMBER #1		
. and	return to Co	ons. Div.		Ft.	from \$ Section Line	
01	TICE WILLIAM SC	u days-		F†•	from E Section Line	
EASE OPERATOR S & H Oilfield Ente	erprises_		SEC - 14	SE S	OS RGE . 3W (E)or (W)	
Route #1 Box 35A ADDRESS McPherson Kansas 67460				COUNTY McPherson		
PHONE# 316 345-8405 OPERATORS L					pleted	
Character of Well			Plugging	Plugging Commenced 7-13-87		
Oll, Gas, D&A, SWD, Input, Water Supply Well)			Plugging	Plugging Completed 7-15-87		
old you notify the KCC District Offi	ce prior to p	lugging t	his well?_	Yeş		
which KCC Office dld you notify?	Dist. #2	Wichita,	Kansas			
is ACO-1 filed?1f not,	is well log at	ttached?_	•			
Producing Formation	Depth to To	ορ	Botto	m	T.D. 3134'	
Show depth and thickness of all wate				_		
OIL, GAS OR WATER RECORDS		c	ASING RECOR	.D		
Formation Content	From To	Slze	Put in	Pulle	d out	
		8-5/8"	210!			
		5-1/2"	31341	_none _2035	1	
-	-ll	<u></u>	ł——			
Describe in detail the manner in which laced and the method or methods us were used, state the character of Plugged off bottom with sand 2035', pulled a total of 64 jran 4-1/2 yards of redi-mix	sed in introduct same and de to 2850' and 5 oints of 5-1/2	cing it in pth plac 5 sacks c 2" casing	nto the holed, from ement. Sho	e. If feet ot pip	cement or other plue to feet each se e @2700', 2231', ge @290' and	
Plugging Complete. (If additional description	n is necessary	y, use BA	CK of this	form.)	
Name of Plugging Contractor <u>Kels</u>	o Casing Pull:	ing, Inc.	L	Icens	e No. <u>6050</u>	
Address P.O. Box 347 Cha	se, Kansas 67	524				
STATE OF <u>Kansas</u> CO	DUNTY OF Rice	2		,55.	7-21-87	
Mike Kelso, Vice-President		(Em	ployee of C	perat	or) or (Operator) o	
above-described well, being first of statements, and matters herein contains the same are true and correct, so he	ined and the olp me God.	oath, say:	s: That I h e above-des	ave k	nowledge of the fact:	
	(/	Address)	P.O. Bo	x 347 Kansa	s 67524	
SUBSCRIBED AND SWOR	N TO before me	o this 2	Oth day		-	
	_		Alne Note	Join	olic)	
. My Commission Expir	'6s:			•	JUL 2 1 1987	
	A M	State of Kar y Appt. Exp. Aug.	15as	¥	Form CP-	

Wichita Kanses