STATE OF KANSAS STATE CORPORATION CA	· NO 122 1440	WELL PLUGGING RECORD  K.A.R82-3-117				BER	15-145·	-20,407•	0000	
200 Col <sup>®</sup> orado Derby E Wichita, Kansas 672						LEASE NAME FOX				
		TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NU	MBER _	#1			
	and					660 Ft. from S Section Line				
				660	_ Ft.	from E	Section	Line		
LEASE OPERATOR Galloway Drilling Co., Inc.					SEC. 4	SEC. 4 TWP. 20 RGE. 20 KENYON (W)				
ADDRESS 105 S. Broadway, Suite 340, Wichita, KS 67202						Pawn	ee		<del></del>	
PHONE # ( 316 263-1793 c OPERATORS LICENSE NO. 5783					Date We	ll Com	leted	11/22/	75	
Character of WellOil					Pluggin	g Comm	enced _	7/26/	/91	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)					Pluggin	g Comp	leted _	7/26/	/91	
The plugging proposal was approved onJune 21, 1991(date)										
by										
Is ACO-1 filed?if not, is well log attached?										
Producing Formation Depth to Top Bottom T.D. 43251										
Show depth and thickness of all water, oil and day formations.										
OIL, GAS OR WATER RECORDS  CASING RECORD  CASING RECORD  CASING RECORD  CASING RECORD										
Formation (	Content	From	To	Size	Put In	Pulled	out ,	ÁUG Ú 😿	1991	
	casing			5 1/2	4325	nor	e .			
								As Harris II.	30	
Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. 4325 to 0. Mixed 300 # hulls, 200 sks. Atl. w/200 # hulls, cown 5 1/2 casing.										
Max Press = 500#, shut in @ 0 #. Topped off w/10 sks. Hooked to backside & pressured										
to 800#										
(If additional description is necessary, use BACK of this form.)										
Name of Plugging Contractor Allied Cementing Co., Inc. License No.										
Address P.O. Box 31. Russell, Kansas 67665										
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Galloway Drilling Co., Inc.										
STATE OF Kansas	s COL	INTY OF _	Sed	lgwick	<del></del>	_, \$5.				
above-described well statements, and ma the same are true an	TTOES NOTOIN CONT	rained on	id the i. (S	ith. savs	105/S. Br	lescrib Poadway	wledge ed wel	of the las fil e 340	4	
SUBSCRIBED AND SWORN TO before me this 5th day of August 19 91										
JoAnne M. C	Campbell UBLIC ANOAMISSION Expire			~ /	Mango	bell	<u>-</u>		Campbell	

Form CP-4