STATE OF KANSAS S 20 W

## WELL PLUGGING RECORD

		· K.A.R82-3-117				API NUMBER 15.009.14231.0000 LEASE NAME Steckel			
200 Colorado Derby Building Wichita, Kansas 67202									
•	TYPE O	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER #5  Ft. from S Section Line				
	and return								
		1111 JU U	4,3.		_ Ft. from	n E Sect	ion Line		
LEASE OPERATOR Gable Oil Company				SEC.1	SEC.1 TWP. 20 RGE.11W (E)or(W)				
Box 166 ADDRESSChase, KS 67524				COUNTY	COUNTY Barton				
PHONE#(316) 938-2458 OPERATORS LICENSE NO. 5895				Date We	Date Well Completed 1931				
Character of Well <u>Oil</u>	<del></del>			Pluggin	g Commence	ad 10/29	9/88		
(Oil, Gas, D&A, SWD, Input, The plugging proposal was a	Water Supply We!	PECEIVER	MESTALL	N Pluggin	g Complete	10/29	9/88		
The plugging proposal was a	proved on <u>gyATEC</u>		- ਨਹੜੇ				(date)		
by		MUA O	-	(KC	C District	Agentis	Name).		
Is ACO-1 filed?	_if not, is well	log atta	ताम्याप्रदेशी इ.स.च्या	04					
Is ACO-1 filed? Producing Formation	Depth	CONSENSE	Y. Kauzaa	Bott	om	T.D.3279	<u> </u>		
Show depth and thickness of									
OIL, GAS OR WATER RECORDS			C	ASING RECO	RD	_			
Formation Content	From	To Sta	. ө	Put In	Pulled ou	ıt			
		10	3/4	126_	none				
		7		3277	none				
	<del></del>	<del></del>	_1/2_	3268	none_	(liner)			
Describe in detail, the mann placed and the method or m were used, state the char Plugged surface, pu 85 sacks cement dow	othods used in in- acter of same an mped 25 sacks	troducing nd depth cement,	it i plac	nto the ho	le. If cem	ent or d	ther plug each set		
b Lengttibbe 11)	scription is nec	accary (	ICO RA	CK of this	form )				
				_		COEO			
Name of Plugging Contractor	Kerso casing	PULLIN	9, 111	·	_tcense No	. 6050			
Address P.O. Box 347	<del></del>								
NAME OF PARTY RESPONSIBLE F	R PLUGGING FEES:	Gable	_0il	Company					
STATE OF Kansas	COUNTY OF	Ric	e 		_,ss.				
R. Darrell Ke	lso		( )	Employee of	f Operator	) or (Op	erator) d		
above-described well, being statements, and matters he the same are true and corre-	rein contained a	nd the lo	g of	the above-c	described	well as			
	•	(SIgr		PU					
		(Addr	ess)	P.O. Box	347 Cha	se, KS	67524		
SUBSCRIBED	AND SWORN TO befo	ore me th	is <u>21</u>	st day o	Novemb	er	,19 <u>88</u>		

My Commission Expires:

Notary Public IRENIO NO OVER State of Kaneas My Appl. Exp. Aug. 15, 1989

Form CP-4 Revised 05-88