STA STAT 130

15-147-19073-00002

STATE OF KANSAS STATE CORPORATION CONNI	SSION	K.A.R82-		API NUMBER	1-28	- 96
130 S. Market, Room	2078			LEASE NAMI	Haffstutter	· CoopUnit
Wichita, KS 6720	02	TYPE OR	PRINT		R 250-1	•
*	NOTIC to Co	E: Fill out <u>com</u> ons. Div. office	pletely and re	<u>turn</u>		Section (circle one
	(0.00		21 4			Section (circle one
U.+.	al Energies				E .5W	
ADDRESS P.O. S	1 1 1					(E) or (W
	11 /	17661		$\sim$ $\sim$ $\sim$ $\sim$ $\sim$	,	T (E) OIC
CITY, STATE, ZIP Phi	1 1	20115		COUNTY Phill	1175 700 1	1/
	0920 PERATORS LICENSE NO			Date Well Complet		1.96
Charater of Well $\overline{\mathcal{W}}$	ater Supply Was, Dea, Supply Was, Dea, Supply Was	<u> ≪    </u> ter Supply Well)			menced $10-20$	
	/ A			Date Plugging Com	pleted 10-29	
The plugging proposal w	177	-24-96				(date
ov <u>Dennis</u>	Hamel				(KCC D	istrict Agent's Name
	If not, is well			Ø7	110	C HAC
Producing Formation(s)			Dep	th to Top D 1	Bottom 110	5 T.D.[185
Show depth and thicknes	ss of all water, oil and	gas formations.				
OIL, GAS OR WATER RECO	RDS				C	ASING RECORD
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULL OUT
				85/8	11278	
					Plugged be	ick
					1185	
			·			
used in introducing it	e manner in which the we into the hole. If ceme	nt or other plugs	s were used, st	ate the character	of same and depth	placed, from
	feet each set. J 40sk 300	# 1.116	1/2	Mad C	llowed or	5 sk 40 10%
Pumper	01 403K JUU	nan T	OHOWED	19 gel ro	STION SON BY	3 SK - 40 10 10
					2	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	(If addition	nal description i	s necessary, u	se <u>BACK</u> of this f	orm-) ()	uri .
Name of Plugging Contr	octor Allied Ce	menting.	Co. Inc.		7	
License No.		. 51			4	D
Address P.G. Box	31 Russel, K	5 67665	•		F	•
NAME OF PARTY RESPONDI	BLE FOR PLUGGING FFES:	Vital En	eraies			
STATE OF KS	COUNTY OF D	1. 11.	3,3,	,ss.		
Anthony 1	Bach		molovee of One		r) of above-descri	ibed well, being fire
duly	That I have knowledge of					
	same are true and corre			ters herein conta	med and the tog o	T the above described
(Signature)	on buch		٠, ،			
(Address) P.O.Bo	x 1 Phillipsbu	rg KS676	61			**
SUBSCRIBED AND SWO	RN TO before me this	$\frac{9}{2}$ day of $\frac{1}{2}$	ovember	1 19 96	· •	
	Do	nna Kal	ston			
		Notary (	Public		_	

My Commission Expires: 8-23-98



Form CP-4 Revised 12-92