

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

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

**TYPE OR PRINT**  
**NOTICE: Fill out Completely**  
**and return to coms. div.**  
**office within 30 days.**

API NUMBER WMP 15-033-20800-000  
LEASE NAME Peppard  
WELL NUMBER 2-21

4620 ft. from S Section Line  
660 ft. from E Section Line  
SEC. 21 TWP. 31 RGE. 17 (E) or (W)

COUNTY Comanche

Date Well Completed 08-29-1991  
Plugging Commenced 9/15/03  
Plugging Completed 9/15/03

LEASE OPERATOR Oil Producers

ADDRESS Box 8647, Wichita, KS 67208

PHONE # (620) 672-6373 OPERATORS LICENSE NO. 8061

Character of well oil gas **RECEIVED**

(Oil, Gas, D&A, SWD, input, Water Supply Well)

The plugging proposal was approved on 9/10/03 **FEB 05 2004**

by Steve Durant **KCC WICHITA** (date) (XCC District Agent's Name)

Is ACO-1 filed? yes if not, Is well log attached not available to us

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 5050

Show depth and thickness of all water, oil and gas formations

**OIL, GAS OR WATER RECORDS**

**CASING RECORD**

Formation	Content	From	To	Size	Put in	Pulled out
<u>Surf Prod</u>			<u>611</u>	<u>8 5/8</u>	<u>611</u>	<u>none</u>
			<u>5028</u>	<u>4 1/2</u>	<u>5028</u>	<u>2819</u>

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

Sand to 4909, bail 4 sacks cement. Rip pipe at 3021, 2819, pull to 1000' and pump 50 sacks cement. Pull to 40', pump 10 sacks cement

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 401 West Main, Lyons, KS 67554

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers 8061

STATE OF Kansas COUNTY OF Sedgewick, ss.

(Employee of Operator) or (Operator) of above described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above - described well as filled that the same are true and correct, so help me God

(Signature) John S. Wain  
(Address) P.O. Box 8647 Wichita, KS 67208

SUBSCRIBED AND SWORN TO before me 27th day of October, 2003

Diana L. Richecky  
Notary Public

My commission Expires: Jan 12, 2004

