

STATE OF KANSAS  
 STATE CORPORATION COMMISSION  
 130 S. Markel, Room 2078  
 Wichita, KS 67202

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

15-147-19004-00-00

API NUMBER Spud 12-13-1959

LEASE NAME Kauk B

WELL NUMBER 2

3630 Ft. from S Section Line

4290 Ft. from E Section Line

SEC. 4 TWP. 1 RGE. 18(E) or (W)

COUNTY Phillips

Date Well Completed 12-13-1959

Plugging Commenced 8/29/01

Plugging Completed 8/29/01

TYPE OR PRINT  
 NOTICE: Fill out completely  
 and return to Cons. Div.  
 office within 30 days.

LEASE OPERATOR Baird Oil Company LLC

ADDRESS PO Box 428

PHONE#(785) 689-7456 OPERATORS LICENSE NO. 32819

Character of Well Oil

(Oil, Gas, D&A, SMD, Input, Water Supply Well)

The plugging proposal was approved on 8/24/01 (date)

by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation Kansas City Depth to Top 3268 Bottom 3490 T.D. 3495

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
unconsolidated	sand&shale	surface	100'	8 5/8"	178'	None
Topeka/KC	shale&limestone	3028'	3490'	5 1/2"	3493'	None

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 plug were used, state the character of same and depth placed, from    feet to    feet each set: 8 5/8 set at 178' with 125 sacks; 5 1/2 set at 3493 with 100 sacks on bottom stage and 300 sacks at 2079". 4 1/2 liner set at 3200 and cemented with 175 sacks. Cut off 8 5/8 and 4 1/2 & 5 1/2 casing and filled both with 9 yards of Redi-Mix cement (5 sacks common cement with 3000# of sand and 42 gal. water per yard) Low Fluid Well.

Name of Plugging Contractor Baird Oil Company LLC License No. 32819

Address PO Box 428 Logan, KS. 67646

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Baird Oil Company LLC

STATE OF Kansas COUNTY OF Phillips, ss.

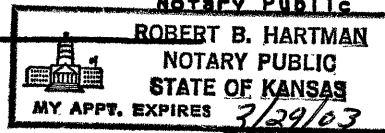
I, Jim R. Baird (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Jim R. Baird

(Address) PO Box 428 Logan, KS. 67646

SUBSCRIBED AND SWORN TO before me this 5th day of SEPTEMBER 2001

Robert B. Hartman  
 Notary Public



RECEIVED

ISEP 0.6 2001

KCC WICHITA My Commission Expires: 3/29/03

OR