

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-039-20692-00-00

LEASE NAME Frickey

WELL NUMBER #1-29

1980 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 29 TWP. 2N RGE. 28W (E) or (W)

COUNTY Decatur

Date Well Completed 8-25-83

Plugging Commenced 3-14-86

Plugging Completed 3-15-86

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

LEASE OPERATOR Coastal Oil & Gas

ADDRESS One Leadership Sq., 211 N. Robinson, Suite 1700
Oklahoma City, Oklahoma 73102

PHONE# (405) 239-7031 OPERATORS LICENSE NO. 6593

Character of Well Oil

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? yes

Which KCC/KDHE Joint Office did you notify? District 6, Hayes, Kansas

Is ACO-1 filed? yes if not, is well log attached? _____

Producing Formation Lansing/Kansas City Depth to Top 3599 Bottom 3604 T.D. 4046

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>Lansing/Kansas City</u>	<u>Oil</u>	<u>3599</u>	<u>3604</u>	<u>4-1/2"</u>	<u>3778</u>	<u>6'</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.

Pulled rods and remove 2-3/8" tbg. from wellbore. RU Howco and pumped 60 sxs - 60/40 POZ w/3 sxs Hulls from 3776'-3228'. Pump 13 sxs gel spacer from 3228-2234'. Pumped 65 sx 60/40 POZ cmt. from 2234'-6'. Cut off 8-5/8" and 4-1/2" casing @ 6' below GL.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Halliburton Services License No. 5287

Address Box 1117, Elkhart, Kansas 67950

STATE OF Kansas COUNTY OF Decatur, ss.

C. Brad Crouch (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 that the same are true and correct, so help me God.

(Signature) C. Brad Crouch

(Address) 211 N. Robinson, One Leadership Sq
Suite 1700, OKC, OK 73102

SUBSCRIBED AND SWORN TO before me this 26th day of March, 19 86

Lauri Parker
Notary Public

My Commission Expires: 1-14-87

STATE CORPORATION COMMISSION

MAR 28 1986 3-28-86

CONSERVATION DIVISION

Form CP-4
Revised 08-84