**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## Kansas Corporation Commission Oil & Gas Conservation Division

## **WELL PLUGGING RECORD**

K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Oil Producers Of Kansas					API Number:15 - 175-21214 -00 -00	
Address: Box 8647, Wichita, KS 67208					Lease Name: Alexander Trust	
Phone: (316) 672 -6373 Operator License #: 8061					Well Number: A-1	
Type of Well:  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Operation Electrics #					Spot Location (QQQQ): C SE NE	
The plugging proposal was approved on:(Date)					Sec. 28 Twp. 32 S. R. 32 East West County:  Date Well Completed:	
by: (KCC District Agent's Name)						
ls ACO-1 filed?   ✓ Yes No If not, is well log attached? Yes ✓ No						
Producing Formation(s): List All (If needed attach another sheet)						
Depth to Top: Bottom: T.D					Plugging Commenced: 6-28-04	
Depth to Top: Bottom: T.D				.D	Plugging Completed: 6-30-04	
Depth to Top: Bottom: T.D				.D PI		
Show depth and thickness	ss of all water, oil and gas	formations.				
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						uction)
Formation	Content	From	То	Size	Put In	Pulled Out
				8 5/8	1596	
				5 1/2 15.5	6049	2220'
hole. If cement or other Checked hole sand a	plugs were used, state the at 5487', bailed 5 sacks	character of of portland	same depth pla , ripped 2400	aced from (bottom), ', worked pipe, no	to (top) for each pl o gain, ripped 22	or methods used in introducing it into the ug set.  20', worked free, pulled to 1620',  D', pumped 20 sacks.
	<sub>actor:</sub> Quality Well Ser				License #: 319:	25 RECEIVED
Address: 401 West Main, Lyons, KS 67554						
Name of Party Responsible for Plugging Fees: Oil Producers of Kansas					JUL 23 ZU	
State of Hans	County, J	Seologu	)cel	_ , SS.		JUL 2 9 2004 KCC WICHITA
sworn on oath, says: Tha same are true and correct		facts statemen	nts, and matter	_ (Employee of Ope s herein contained,	rator) or (Operator) and the log of the a	on above-described well, being first duly above-described well is as filed, and the
St. Activity of the second of	1	(Signature)	7.	Som	er	
Whitery Explic	. RICHECKY - State of Kansas	(Address)	DBOX	8647 6	efealute	245 67208
Ally Appl. E.	XPIRES SUBSCRIBED and S	WORN TO be	fore me this	day of	July	, 20 09
Notary Public My Commission Expires: Jan 12, 2008						