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

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

Form CP-4

K.A.R. 82-3-117

009-07491-00-00 API Number: __15 - 12-5-53-Lease Operator: K.C. Operations Lease Name: Langfeld Address: 534 SE 70 Ave, Ellinwood, KS 67526 Phone: (620) 564 -2279 _____ Operator License #: _31647 Well Number: - S/2 Spot Location (QQQQ): ____ - C - SW/4 Type of Well: Oil (If SWD or ENHR) (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Feet from North / South Section Line 1320 The plugging proposal was approved on: _ (Date) Feet from East / West Section Line _____ (KCC **District** Agent's Name) Sec. 14 Twp. 20 S. R. 11 East West County: Barton Is ACO-1 filed? Yes No Yes No If not, is well log attached? Producing Formation(s): List All (If needed attach another sheet) Plugging Commenced: 8-12-04 Depth to Top: __ Bottom: Depth to Top: __ Bottom: __ Plugging Completed: 8-13-04 Depth to Top: __ Bottom: ___ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content From To Size Put In Pulled Out 8 5/8 212 5 1/2 3277 0' Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set. Checked hole sand at 2879', bailed 5 sacks, pulled slips, pipe parted tried to get back, no luck, ran 580' of tubing, pumped 240' sacks, pulled tubing, pumped 25 sacks down surface. RECEIVED SEP 0 2 2004 Name of Plugging Contractor: Quality Well Service, Inc. _____ License #: 31925 KCC WICHITA Address: 401 West Main, Lyons, KS 67554 Name of Party Responsible for Plugging Fees: K.C. Operations _____County, _______, ss. __ (Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God. K. P.Cl lle. 534 SE 70 Ave, Ellinwood Ks, 107524 **PATRICIA COLLINS** Notary Public - State of Kansas

My Appt. Expires Queg 6, 2008 BSC RIBED and SWORN TO before me this 24 th day of Quegest _My Commission Expires: Qug 6, 2008

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