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

, , , , , , , , , , , , , , , , , , ,					5 09 API Number: 45-22, 456-00-00		
ease Operator: XARTIN OIL PEOPERTIES					1		
Address: 6421 AVONDALE DR. STEZIZ					Lease Name: WALL		
Phone: (401) 810-0900 Operator License #: 3113					Well Number: 15W		
14(747)					Spot Location (QQQQ):5V - SE - SV -		
Type of Well: Docket #: Docket #: Docket #: (Oil, Gas D&A, SWD (ENHR), Water Supply Well, Cathodic, Other) (If SWD or ENHR)					615 Feet from North / South Section Line		
The plugging proposal was approved on:(Date)					3325 Feet from East / West Section Line		
OV: JACIC ROB WYO W (KCC District Agent's Name)					Sec. 32 Twp. 14 S. R. 22 East West		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					county: JOHNSON		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 46 92 KCCM		
BARTLESVILLE Depth to Top: 853 Bottom: 862 T.D. 912'					Plugging Commence	ed: 1114/64	12/10/
Depth to Top: Bottom: T.D					ł .		RBD
	Depth to Top:				Plugging Completed	1 114184	
	s of all water, oil and gas Water Records	Tormations.	Ca	sina Record (S	Surface Conductor & Pro	duction)	
Formation	Content	From	То	Size	Put In	Pulled Out	
·		0	201	611			
			912	27/8	,		
		0	1112	278			
	. /						
hole. If cement or other	plugs were used, state th	e character of		ced from (bott	tom), to (top) for each	plug set.	
	, ,						<u>```</u>
						· Co · 0	0
Name of Blugging Contr	actor: NICKEL	LD	ZILLING	f	License #	LENIA VI	10, °C
Address: 1869					. 66072		
Name of Party Responsi	ible for Plugging Fees:						V
State of	County, _			, ss.			
CHRIS	TAN L. XAT		1	Amalovee o	of Officetor) or (Onerati	(x) on above-described well, b	eina first dulv
			ents, and matter			e above-described well is as	
same are true and corre				MÜ	Medical	4	
		(Signature)_	[c				
		(Address)		PAME A	S ABOUS	_	12
	SUBSCRIBED and	SWORN TO b	efore me this _	day of	Morch	<u> </u>	20 00
	Jeller	Motary &	<u>af</u> cey	<u> </u>	ly Commission Expires	11-128-04	
e _d s	Mail to: KCC - Co) onservation D	ivision, 130 S	. Market - Ro	oom 2078, Wichita, K	ansas 67202	m