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: HIZEY SERVICE & SUPPLY, INC.					API Number: 015	- 22213 <i>-00-00</i>	
Address: BOX 296 AUGUSTA, KS. 67010					Lease Name: WEDEL C		
Phone: (316) 775 -5496 Operator License #: 32444					Well Number: #4		
Type of Well: OIL (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #:					Spot Location (2000): SW - NW - NW - 900 4355 Parts South South Section Line 336 50 Feet from East West Section Line		
The plugging proposal v	was approved on: 2/22/0	5		(Date)	330 50 Feet from	East / West Section Line	
by:			_ (KCC District	Agent's Name)	Sec 6 Two 2	23 S. R. 4 East West	
Is ACO-1 filed?	es No If not, is v	vell log attach	ed? Yes	No	County: BUTLER	Control of the contro	
	List All (If needed attach an Depth to Top: 24		_{m:} 2479	_{TD} 2563	Date Well Complete	əd:	
					Plugging Commenced: 2/22/05		
	Bottom: T.D.			Plugging Completed: 3/17/05			
	ss of all water, oil and gas	formations.					
Formation	Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content From To Size Put In Pulled Out						
MISSISSIPPI	WATER	1	10	4 1/2"	2562	Pulled Out	
	WALL	 		4 1/2	2502	1640	
		1					
RIGGED UP ON W	plugs were used, state the /ELL SANDED BOTT	e character of OM UP TO	same depth p 2425, RAN	BALER W/4	m), to (top) for each p SX OF CEMENT	or methods used in introducing it into the plug set. ON TOP OF SAND. SHOT PIPE CE. MOVED OFF LOCATION.	
Name of Plugging Contra	actor: BRADEN WELL	PLUGGIN	G		License #: 324	475 RECEIVED	
Address: BOX 282	BURDEN, KS.	67019			No. of	,	
Name of Party Responsi	ble for Plugging Fees: HI	ZEY SEF	RVICE & S	SUPPLY, IN	C.	APR 2 0 2005	
State of KANSAS	County,	BUTLER		. SS.		KCC WICHITA	
MICHAEL W. KISE	R			/F			
sworn on oath, says: Tha	at I have knowledge of the	facts stateme	ents, and matte	(⊏mployee of t ers herein containe	Operator) or (Operatored, and the	r) on above-described well, being first duly e above-described well is as filed, and the	
MATT PAS Notary Public - State	ct , so help m e God. SCAL	(Signature)	Mutaell	J. Km		and the	
ly Appt. Expires 1/19	<u>/09</u>	(Address)_B	OX 296 AU	GÚSTA, KS.	67010		
noty of RI	SUBSCRIBED and S	WORN TO he	efore me this	18 day of	40-11	20 20	
Dut						, 20 <i>ò5</i>	
	- MANN	Notary Pu	hlic	My (Commission Expires:_	1/19/09	