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

RECEIVED

Form CP-4 December 2003

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

WELL PLUGGING RECORD

K.A.R. 82-3-117

AUG 1,1 2005 7, KCC WICHITA

Lease Operator: Oil Producers Inc of Kansas					API Number:15 - (033- 21420 -21432-00-0
Address: 1710 Waterfront Prkwy, Wichita, KS 67206					Lease Name: Griffin	
Phone: (316) 681 -0231 Operator License #: 8061					Well Number: 2-16	-
Type of Well: Gas (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Operator License #:					Spot Location (QQQQ): C N2 SW	
					Peet from [North / South Section Line
					Feet from East / West Section Line	
by: Is ACO-1 filed? ✓ Yes		well log attache		Agent's Name) No	Sec. Twp. Twp. Comanche	S. R. 17 East 🗹 West
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: Plugging Commenced: 7-27-05 Plugging Completed: 8-1-05	
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D						
Show depth and thicknes	s of all water, oil and gas	s formations			damente en como de como de	
	Water Records		 	Casing Record (Surface Conductor & Produc	ction)
Formation	Content	Content From To		Size	Put In	Pulled Out
	, i			8 5/8	619	
	*1			4 1/2	5165	4050
			\			
hole. If cement or other	plugs were used, state th	e character of	same depth p	laced from (bott		
						acks cement, ran 20 joints 4.5"
	,					mped 10 sacks cement.
	oo, pampoa o goi, z	.co ibo ridilo	, pampou c	o dudito dell'	iont, panea to 40, pa	imped to sacks certient.
Name of Black O	Ouality Well Se	rvice Inc			3102	5
Name of Plugging Contractor: Quality Well Service, Inc. Address: 401 West Main, Lyons, KS 67554						
Name of Party Responsib	le for Plugging Fees: O	il Produce	ers Inc o	f Kansas	photograph and the state of the	
State of Kansas	_	Sedgewic	k	, ss.		
BRIAN MECOH (Employee of Operat					f Operator) or (Operator) o	on above-described well, being first duly
		facts stateme	nts, and matte			bove-described well is as filed, and the
same are true and correct	t, so help me God.		73	\sim		
		(Signature)				
		(Address) 17	10 Water	rfront Par	rkway, Wichita,	KS 67206
	SUBSCRIBED and	SWORN TO be	fore me this			, 2005
DIANA L. T	RICHECKY CANS	Notary Ful	echee blic	NZY M	Commission Expires:	Jan 12, 2008

Br