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

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

K.A.R. 82-3-117

Lease Operator: Harold Dean Whitaker					API Number: 15 - N/A 00/-01977-00-0C		
Address: 266-2000th St. Humboldt, Ks. 66748					Lease Name: Whitaker		
Phone: (620) 473-3567 Operator License #: 6554					Well Number: #1		
					Spot Location (QQQQ): NW, NE, NE.		
Type of Well: Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Docket #: (If SWD or ENHR)					5115 eet from North / X South Section Line		
The plugging proposal was approved on: $\sqrt{a}/22/05$ (Date) .					1155-eet from East / West Section Line		
by: Clayton Titel (KCC District Agent's Name)					Sec. 19 Twp. 26 S. R. 19 X East West		
Is ACO-1 filed? X Yes No If not, is well log attached? Yes No					County: Allen		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: N/A		
Bartlesville Depth to Top: Bottom: T.D. 900					Plugging Commenced: 9;00am 7/22/05		
	Depth to Top:	Bottom: T.D			Plugging Completed: 9:45 am 7/22/05		
	Depth to Top:	Botto	m: T.[	D	Plugging Completed:_		
Show depth and thickness o	f all water, oil and gas	formations.					
Oil, Gas or Water Records Casing Record (					Surface Conductor & Production)		
Formation	Content	From	То	Size	Put In	Pulled Out	
Bartlesville	production	0	900'	2 1 11			
	surface	0	20'	7117			
1		,		OF THE PERSON NAMED IN COLUMN 1			
The pump true were mixed wi	ck was conne	cted	directly	to the	e 2 <mark>1" casi</mark> ng	. Cotto	
into the well	L until it w	ould l	hold pre	ssure,	the well wa	s shut	in at 800psi.
30 sacks of o	cement were	pumpe	d into t	he well			
Name of Plugging Contractor	or Mike Wimse	tt			License #:5	491	RECEIVED
Address: 1150 HWY 39 Chanute, Ks. 66732					water and the same		SEP - 1 2005
Name of Party Responsible	for Plugging Fees: RC	nald N	Wrestler				
State of Kansas	County,	Alle	en	_ , ss.		•	CC WICHITA
				_ (Employee c	f Operator) or (Operator)	on above-descr	bed well, being first duly
sworn on oath, says: That I		facts statem	ents, and matters	s herein conta	ined, and the log of the a	above-described	well is as filed, and the
same are true and correct, s		Signature)_	Bur	1/	Unite	<del>\</del>	
NOTARY PUBLIC - State	of Kaneas	Address)	2961 Flo	rida Ro	oad Elsmore	, Ks. 6	6732
NUIANY PUBLIC - SIAIR  J JILL ALLEN  My Appt. Exp. 20-2	2 SUBSCRIBED and S	WORN TO I	pefore me this 🗪	$_{ m day\ of}$	august		20 05
Catalog Catalo	July	Ellen	<u> </u>	M	y Commission Expires:	0-22-2	008
	67	Notary P	UDIIC		/		