Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## KANSAS CORPORATION COMMISSION RECEIVED OIL & GAS CONSERVATION DIVISION CED 2 0 2005

SEP 28 2005 **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

KCC WICHITA

				API Number: 15 - 155-21,195 - 00 - 0 )									
Lease Operator: Camio Oil  Address: Box 308, Augusta, KS 67010  Phone: (316) 371 - 5584 Operator License #: 6723  Type of Well: Docket #: 27,389  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)				Lease Name: Andsager  Well Number: 1-12  Spot Location (QQQQ): SE SE SW  330  Feet from North / South Section Line									
							The plugging proposal was approved on:			(Date)	2070	East / West Section	
							by:		(KCC Distr	rict Agent's Name)			
							Is ACO-1 filed?   ✓ Yes No If not, i	s well log attache	d? ✓Y		County: Reno		
Producing Formation(s): List All (If needed attach	another sheet)			Date Well Completed:									
Depth to Top: Bottom:				· '									
Depth to Top: Bottom:		n:	_ T.D	Plugging Completed: 8-23-05									
Depth to Top:	Botton	1:		Plugging Completed:									
Show depth and thickness of all water, oil and	gas formations.												
				(Surface Conductor & Production)									
Formation Content	From	То	Size	Put In	Pulled Out								
			8 5/8	160									
			5 1/2	3596 39 Sh	2650'	R							
Sand was at 3710', dumped 5 sacks of Pulled up to 1350', pumped 35 sa	of cement, pull	led slips	had 19" stretch, r	ripped casing at 282	0', 2650', worked pipe								
Name of Plugging Contractor: Quality Well S	Service, Inc.			License #: 31925	<b>)</b>								
Address: 401 West Main, Lyons, K													
Name of Party Responsible for Plugging Fees: State of	R.11	^	, SS.										
Donald R. BAKER	•		(Employee of C	Operator) or (Operator) or	above-described well, bein	ng first duly							
sworn on oath, says: That I have knowledge of same are true and correct, so help me God.	the facts stateme	nts, and m											
DOROTHY L. HUBBART  Notary Public - State of Karsas  My A. A. Expires	(Signature)	P.O. 1	30x 308,	Augusta	KS 67010								
SUBSCRIBED ar	nd SWORN TO be	efore me th	nis <u>24th</u> day of _	September	5	2005							