Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date

## RECEIVED KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 September 2003 Type or Print on this Form Form must be Signed

## **WELL PLUGGING RECORD**

K.A.R. 82-3-117

All blanks must be Filled

			A.A.R. 82-3-117		CONSERVATION I	(S	
Lease Operator: Anadarko Petroleum Corporation				— API Numbe	er <b>15-</b> 129-2	20521 - 00 - 00	
Address: P. 0. Box 1330, Houston, Texas 77251-1330					Lease Name Linscott		
Phone: (832) 636-8380 Operator License # 4549							
Type of Well: Gas Docket # (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)				Spot Locat	tion (QQQQ) SI	E NE NW NE	
The plugging proposal was approved on: 09/12/2005 (Date				el	660 Feet from \( \) North / \( \) South Line of Section  1420 Feet from \( \) East / \( \) West Line of Section  Sec. \( 5 \) Twp. \( 35 \) S. R. \( 43 \) East \( \) West  County: \( \) Morton		
by: Ken Jehlik (KCC District Agent's							
Is ACO-1 filed? X Yes No If not, is well log attached? Yes No							
Producing Formation(s): List A	ll (If needed attach anoth	er sheet)					
Red_Cave Depth to Top:1261 Bottom:1290 T.D1330				۱ ۱	Plugging Commenced: 09/13/2005  Plugging Completed: 09/14/2005		
Depth to Top: Bottom: T.D				l '			
Depth	to Top: Bott	tom:	T.D	-	ompiotod		
Show depth and thickness of a	all water, oil and gas form	ations.					
Oil, Gas or Wa		Casi	ng Record (Sur	Record (Surface Conductor & Production)			
Formation	Content	From	То	Size	Put in	Pulled out	
		surface	584	8-5/8	584'	N/A	
Red Cave	Gas	surface	1329	4-1/2	1329 '	N/A	
the hole. If cement or other plu  Mixed 200 lbs hulls &  Cut off 8-5/8" & 4-1/2	g were used, state the ch	aracter of same a	and depth place	d, from	feet to	r methods used in introducing it into	
Name of Plugging Contractor: _ AddressRoute 1, Box 4			nc.		Lice	nse # <u>31151</u>	
Name of Party Responsible for			eum Corporat	ion			
		ounty,			,ss.		
Ma	artha C. Howard		(Emplo	ee of Operator	r) or (Operator) on a	above-described well, being first duly	
	ave knowledge of the fac	ts statements, ar				bove-described well as filed and the	
same are true and correct, so t	•		(Signatu	ire)	Morth	a C. Howard	
SON PURE NOT	THA COSTON ARY PUBLIC TE OF TISXIASCR BED A	and SWORN TO I	(Addres	P. 0. B	ox 1330, Houst	on, Texas 77251-1330 tober , 20 05	
MY COMM	EXP. DEC. 3, 2005	rtha	Notary Public	لحاب	My Commiss	sion Expires: $\sqrt{2-3-05}$	