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: Oil Producers Inc. Of Kansas					PI Number: 15 - (081-21234 ~ OO - O J
Address: 1710 Waterfront Parkway, Wichita, KS 67206					Lease Name: Schnellbacher PC	
Phone: (316) 681–0231 Operator License #: 8061					Well Number: 3-523	
Type of Well: Oil, Gas (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Oil (If SWD or ENHR)					Spot Location (QQQQ):	
The plugging proposal was approved on:(Date)						
by: (KCC District Agent's Name)						
is ACO-1 filed? ✓ Yes	Is ACO-1 filed? Yes No If not, is well log attached? Yes No					
Producing Formation(s): List All (If needed attach another sheet)					County: Haskell Date Well Completed:	
Depth to Top: Bottom: T.D					Plugging Commenced: 11-8-05	
Depth to Top: Bottom: T.D					Plugging Completed: 11-10-05	
Depth to Top: Bottom: T.D Plugging Co					ugging Completed:	
Show depth and thickness	of all water, oil and ga	s formations.				
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						
Formation	Content	From	То	Size	Put In	Pulled Out
				8 5/8	1668	
+				4 1/2 11.6	5589	2080'
Sand bridge at 2090'	ugs were used, state the knocked bridge on ng at 2250', 2080	ne character of ut. Sand wa	same depth pla s at 4810', h	aced from (bottom), fad to sand botto	to (top) for each plug om again sand w	methods used in introducing it into the g set. as at 4680', dumped 4 sacks to 630', pumped 40 sacks.
	Ovelity Well Co			***************************************		
Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925						
Address: 401 West Main, Lyons, KS 67554						
Name of Party Responsible	for Plugging Fees: O	il Produce	rs Inc. of k	Kansas		
State of <u>Kansas</u>	County, _	Sedgewio	ck	_ , SS.		
Brian McCoy				(Employee of Oper	rator) or (Operator) o	n above-described well, being first duly
sworn on oath, says: That I	have knowledge of the	facts statemer	nts, and matters	s herein contained, a	and the log of the at	pove-described well is as filed, and the
same are true and correct,	so help me God.		7 3		7_	
		(Signature)	1	-7876		RECEIVED_
		(Address) 17	710 Water	front Parkw	ay, Wickita.	KS 672 DEC 0 8 2005
DIANA L. F	SUBSCRIBED and	SWORN TO be	91 1	6 day of De	cember	an KCCWICHITA
My Appt. Expir		Notary Pub	olic /			