

API NUMBER 15-163-20, 077-000 ⁰¹

LEASE NAME Ross Heirs

WELL NUMBER #1 SWD

2970 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 18 TWP. 7 RGE. 19 (E) or (W)

COUNTY ROOKS

Date Well Completed 11/67

Plugging Commenced 12/28/2000

Plugging Completed 12/28/2000

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR Baird Oil Co. Inc

ADDRESS P.O. Box 428 Logan, KS 67646

PHONE# (785) 689-7456 OPERATORS LICENSE NO. 5352

Character of Well SWD

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 12/26/2000 (date)

by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation Arbuckle Depth to Top 3488 Bottom NA T.D. 3498

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED

Formation	Content	From	To	Size	Put In	Pulled Out
<u>unconsolidated</u>	<u>sand/shale</u>	<u>surface</u>	<u>200</u>	<u>8 5/8</u>	<u>206</u>	<u>None</u>
<u>Limestone/shale</u>	<u>Kansas City</u>	<u>3236</u>	<u>3448</u>	<u>5 1/2</u>	<u>3490</u>	<u>None</u>

DEC 29 2000

12-29-2000
 CONSERVATION DIVISION

Describe in detail the manner in which the well was plugged, indicating where the plug was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.

Mixed 200 sacks of 60/40 Pozmix with 10% Gel and 500# of Halls and pumped down the 5 1/2 casing. Max pressure 100#. Also attempted to pump down 8 5/8 pressured up to 1200#

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co. Inc License No. 48-0727860

Address P.O. Box 31 Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Baird Oil Co. Inc.

STATE OF KS COUNTY OF Phillips, ss.

Jim R. Baird (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Jim R. Baird

(Address) P.O. Box 428 Logan KS 67646

SUBSCRIBED AND SWORN TO before me this 28th day of December 2000

My Commission Expires: 3/29/03

ROBERT B. HARTMAN
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APT. EXPIRES 3/29/03

Form CP-4
 Revised 05-88