

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
67202 TYPE OR PRINT

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-065-22684 ~~00-0001~~  
LEASE NAME PARKER B Wichita, KS

WELL NUMBER 2

NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days  
3960 Ft. from S Section Line  
660 Ft. from E Section Line

LEASE OPERATOR Murfin Drilling Co., Inc. SEC 6 TWP. 7S RGE. 23W (E) or (W)  
ADDRESS 250 N. Water, Suite 300; Wichita, KS 67202 COUNTY GRAHAM  
PHONE # ( ) 267-3241 OPERATORS LICENSE NO. 30606 Date Well Completed 8/1/92  
Character of Well SWD (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging commenced 6/7/02  
Plugging Completed 6/7/02

The plugging proposal was approved on 6/7/02 (date)  
by PAT STAAB w/KCC Hays, KS. (KCC District Agent's Name).

Is ACO-1 filed? YES If not, is well log attached? NO  
Producing Formation \_\_\_\_\_ Depth to Top 1872 Bottom 1910 TD 3950' PBTD2154' Show  
depth and thickness of all water oil and gas formations.

OIL, GAS, OR WATER RECORDS CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		surface	301	8 5/8	301	0
		production	2175	5 1/2	2175	

6-19-2002

RECEIVED  
1 JUN 19 2002

KCC WICHITA

Describe in detail the manner in which the well was plugged, indicating where the mud fluid 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.

Plugged well as follows: Down 8 5/8" pumped 15sxs 60/40 poz 10%gel, max press#300 ISIP150#. Down 5 1/2" csg pumped 135 sxs 60-40poz, 10% gel, 500#hulls, max press 600#. ISIP500#. Well P/A. Witnessed and approved by Pat Staab w/ KCC

Name of Plugging Contractor Murfin Drilling Company, Inc. License No. 30606 Address  
250 N. Water, Suite 300; Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Murfin Drilling Company, Inc.

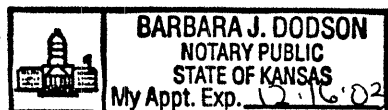
STATE OF KANSAS COUNTY OF SEDGWICK, ss.  
Tom W. Nichols, Production Manager (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]  
(Address) Wichita, KS

SUBSCRIBED AND SWORN TO before me this 10 th day of June, 2002

Notary Public - Barbara J. Dodson [Signature]

My Commission Expires: 12/16/03 Form CP-4 Revised 05-88



OR