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:					API Number: 15 - 051-21536-00-00							
Address: P O Box 981 Hays, Ks. 67601					Lease Name: Herman							
Phone: (785) 628 - 1727 Operator License #: 6127					Well Number: 2							
Type of Well: Oil (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #:					Spot Location (QQQQ): NW - SW - SW SW							
The plugging proposal was approved on: January 20, 2006 (Date)					4950 Feet from East / West Section Line							
by: Roger Moses (KCC District Agent's Name)					Sec. 22 Twp. 13 S. R. 20 East West							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Arbuckle Depth to Top: 3851 Bottom: T.D. Depth to Top: Bottom: T.D.					County: Ellis Date Well Completed: October 5, 1978 Plugging Commenced: February 1, 2006							
										_		
								Depth to Top: Bottom: T.D				
					Show depth and thickness	of all water, oil and ga	s formations.			·		_
Oil, Gas or V	Vater Records			Casing Record (S	Surface Conductor & Pro	duction)	7					
Formation	Content	From	То	Size	Put In	Pulled Out	- B					
Arbuckle	Oil and Water	3851	3863	5 1/2	3852	O KANSAS CORPORATION C	MMISSION					
						FEB 2 7 200	b					
						CONSERVATION DIVI WICHITA, KS	MOK					
hole. If cement or other p 8 5/8' SP @167' w/1	lugs were used, state the 35 sxs. 5 1/2" csg squeezed 210 sxs ce	e character o @3852' w ement, 18 s	f same depth points. So 1100 sxs. So xs gel and 5	placed from (botto pz @1025' w/2 00 lbs hulls do	om), to (top) for each p 290 sxs, @1274' w own 5 1/2" casing to	w/200sxs, @2450' w/250 sxs. o 1000 # maximum, 850# shut-in.						
Name of Plugging Contract	_{tor:} Allied Cementin	g Compan	y, Inc.	'	License #:	19996	<u>.</u>					
Address: P O Box 31							-					
Name of Party Responsible	1.	eff Koron					=					
State of Kansas		Ellis					-					
State of Italian	County, _			, SS.								
sworn on oath, says: That	I have knowledge of the	facts statem	ents, and matte	(Employee of	Operator) or (Operator	on above-described well, being first duly above-described well is as filed, and the	/					
same are true and correct,	so help me God.		, , , , , , , , , , , , , , , , , , ,		and the log of the	above-described well is as filed, and the)					
		(Signature)_	-				_					
NOTARY PUBLIC . State of	Kansas	(Address)	7	3至6人。	981 16.	945 67601						
	EN COURSED and S	SWORN TO b	efore me this	day of_	(ZB	, 20 06	-					
My Appl. Exp.	Su	dimo	Ferre	Му	Commission Expires:_	3/211/09	<u>.</u>					

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