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

## RECEIVED

Form CP-4

MAR 2 3 2006 Type or Print on this Form
Form must be Signed
KCC WICHITA blanks must be Filled

Lease Operator: Hummon Corporation						API Number: 15 - 007-21999 -00 -05		
Address: 950 N. Tyler Road, Wichita, KS 67212-3240					Lease Name:			
Phone: (316 ) 773 -2300					Well Number:			
Phone: (316 ) 773 -2300 Operator License #: 5050  Type of Well: Oli, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Operator License #: 5050  Docket #: (If SWD or ENHR)					Spot Location (QQQQ): - C 5 - SE - NE  3150 Feet from North / South Section Line			
The plugging proposal was approved on:						660 Feet from ✓ East / West Section Line		
by: Jerry Stapleton (KCC District Agent's Name)					Sec. 12 Twp. 32 S. R. 11 East West  County: Barber  Date Well Completed:			
Is ACO-1 filed?   ✓ Yes   No If not, is well log attached?   Yes   No								
Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: 3602 Bottom: 3624 T.D. 3653								
					Plugging Commenced:			
Depth to Top: Bottom: T.D					Plugging Completed: 3/9/2006			
Depth to Top: Bottom: T.D								
Show depth and thickness of	f all water, oil and gas	formations.						
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)								
Formation	Content	From	То	Size	Pu	ut In	Pulled Out	
				8 5/8	22	:5	None	
				5 1/2	36	674	2700	
hole. If cement or other plug 3/8 - MIRU, set CIBP at 35	s were used, state the 550', spot 2 sacks ce	e character of s ment with dun	same depth pla np bailer, rig ι	aced from (botto up casing tools	om), to (to , stretch	pp) for each plug pipe. 3/9 - stre	tch and cut pipe at 2700'	
					# hulls, s	spot 50 sacks	60/40 POZ, 6% gel, pull to	
240', spot 50 sacks, pull 40	0', load with 10 sacks	s, top off 30' s	and, 2 sacks o	quickcrete				
				***				
					License #: 5105			
Address: P.O. Box 187, I	Medicine Lodge. I	KS 67104						
Name of Party Responsible f	_		ooration					
State of Kansas	County, _	Barber		_ , SS.				
John Swinford				(Employee of	Operator)	or (Operator) on	above-described well, being first duly	
sworn on oath, says: That I h	ave knowledge of the	facts statemer	nts, and matters	s herein contain	ned, and the	he log of the abo	ove-described well is as filed, and the	
same are true and correct, so	help me God.		01	1 . ,	/			
GLENDA MOR NOTARY PUE STATE OF KA	ILIC VSAS	(Signature) SIM SURMENT (Address) P.O. Box 187, Medicine Lodge, KS 67104						
My Appt. Exp. / //	THE REAL PROPERTY.							
SUBSCRIBED and SWORN TO before me this 20 day of March , 20 db								
Alexan My Commission Expires: 11/30/00								