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

API Number: 15 - 185-20, 284 -00-00 Lease Operator: Loewen Operator, Inc. Lease Name:\_\_Estes Address: PO Box 335, Canton, KS 67428 Phone: (620)628-4425 Operator License #: 5631 Well Number: Spot Location (QQQQ): \_\_\_\_\_\_ - SE \_ - SE Type of Well: Oil (If SWD or ENHR) (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Feet from V North / South Section Line \_\_\_(Date) The plugging proposal was approved on: \_\_\_ Feet from East / West Section Line by: Steve Durrant Sec. 5 Twp. 22 S. R. 14 East West (KCC District Agent's Name) County: Stafford If not, is well log attached? Yes No Is ACO-1 filed? Yes No 8-23-1970 Producing Formation(s): List All (If needed attach another sheet) Date Well Completed:-Plugging Commenced: 10-31-06 \_ Depth to Top: \_\_ Depth to Top: \_\_ Bottom: TD Plugging Completed: 11-1-06 Depth to Top: .... Bottom: \_\_ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Pulled Out Formation Content From To Size Put In 8 5/8 450 5 1/2 3851 0 Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set. Sanded off bottom, loaded hole with water, dug out casing head, changed over to run tubing, checked hole, sand at 3780', bailed 5 sacks cement with bailer, ran 30 joints tubing down to 930', circulated with 80 sacks to surface, pulled tubing out, filled casing with 30 sacks, stayed full, tied on to 8 5/8", mixed 5 sacks, had 600 psi, tore down floor and rig, cut surface off 4' below ground, cleaned up location Name of Plugging Contractor: Quality Well Service RECEIVED Address: 401 W Main, Lyons, KS 67554 Name of Party Responsible for Plugging Fees: Loewen Operator, Inc. County McPherson ss President (Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God. SUBSCRIBED and SWORN TO before me this 27-Hoday of November Notary Public