STATE OF KANSAS
STATE CORPORATION COMMISSION
Wichita State Office Building
130 Sopticity Market, Room 2078
SWITHTER PROPERTY OF THE STON

WELL PLUGGING RECORD K.A.R.-82-3-177

API NUMBER 15-163-20,266 -00-00

LEASE NAME Hilgers

TYPE OR PRINT

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

WELL NUMBER 1

330 Ft. from E Section Line

990 Ft. from S Section Line

AUG 1 4 2000 and return to office within CONSERVATION DIVISION Vichita, Kansas

LEASE OPERATOR R.P. Nixon Operations, Inc. SEC. 32 TWP. 9S RGE. 17W (E) or (W)

ADDRESS 207 West 12th Street Hays, KS 67601 COUNTY Rooks

PHONE #(785) 628-3834 OPERATORS LICENSE NO. <u>5252</u> Date Well Completed <u>12/31/69</u>

Character of Well oil Plugging Commenced 6/8/00

(Oil, Gas, D&A, SWD. Input, Water Supply Well) Plugging Completed 6/8/00

The plugging proposal was approved on 6-7-00 (date)

by Herb Deines (KCC District Agent's Name).

Is ACO-1 Filed? ? bought at If not, is well log attached?_____

auction

Producing Formation Lansing Depth to Top 3268' Bottom Base 3488' T.D. 3589' RTD

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

OIL, GAS, OR WATER RECORDS CASING RECORD

| Formation | Content | From | То | Size | Put in | Pulled out |
|-----------|---------|------|----|------|--------|------------|
| | | | | 8%" | 201′ | None |
| | | | | 5½" | 3587′ | None |
| | | | | | | |

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.

depth placed, from feet to feet each set.

Perforated @ 250', 850' 1400' and 1750', 2 shots/ft. Pumped down casing with 300 sx 60/40 Poz, 10% gel. First

75 sx had 400# hulls added and remainder had 300# hulls added. Tied on to 8 5/8" and pumped 50 sx. Max.

pressure was 300# w/100# ISIP. KCC man Roger Moses approved the job.

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

Name of Plugging Contractor R.P. Nixon Operations, Inc. Address 207 West 12th Street Hays, KS 67601-3898

____ License No. 5252

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: R.P. Nixon Operations, Inc.

STATE OF Kansas COUNTY OF Ellis ,ss.

Dan A. Nixon (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) Aill Will

(Address) 207 West 12th St. Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this _______ day of ______ August_____, 20_00

Notary Public

My Commission Expires: 3/12/2001

NOTARY PUBLIC - State of Kensas
GLORIA B. LANG
My Appt. Exp.

Form CP-4 Revised 05-88