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: ANDERSON DRILLING API Number: 15 - 065-23301-0000 **DAVIS** Address: PO BOX 100 HILL CITY KS 67642 Lease Name: Phone: (785 ) 421 -6266 \_ Operator License #: 33237 Well Number: Type of Well: OIL Spot Location (QQQQ): NE - SW - SW DRY Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / South Section Line The plugging proposal was approved on: 05-11-07 370 Feet from East / West Section Line by: KCC HAYS OFFICE - PER STATE REGULATIONS (KCC District Agent's Name) s. R. 22 County: GRAHAM Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No 05-12-07 Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: Depth to Top: \_\_\_ Bottom: \_ 05-12-07 Plugging Commenced: Depth to Top: Bottom: \_\_ T.D. \_ 05-12-07 Plugging Completed: Depth to Top: Bottom: \_ T.D. Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content From То Size Put In Pulled Out 8 5/8" 213 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. 25 SACKS @ 1850 FT; 100 SACKS @ 1125 FT; 40 SACKS @ 275 FT; 10 SACKS @ 40 FT; 15 SACKS - RAT HOLE RECEIVED KANSAS CORPORATION COMMISSION CONSERVATION DIVISION Name of Plugging Contractor: ANDERSON DRILLING WICHITA, KS Address: PO BOX 100 HILL CITY KS 67642 Name of Party Responsible for Plugging Fees: ANDERSON DRILLING State of KANSAS **GRAHAM** County, ANDY ANDERSON (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. (Signature) (Address) PO BOX 100 HILL CITY KS 67642 SUBSCRIBED and SWORN TO before me this 15TH day of MAY



**NOTARY PUBLIC** STATE OF KANSAS

RITA A. AND TRIBONKOC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

\_\_\_\_ My Commission Expires:

