STATE OF KANSAS	WELL PLUGGING R		of Windows /	/5- 179 - 21108	3-0000		
130 S. Market, Room 2078		K.A.R82-3-1	17	API NUMBER /5-179-21108-0000 LEASE NAME CALDWELL			
Wichita, KS 67202		TYPE OR PRINT: Fill out <u>completely and reserved</u> . S. Div. office within 30 day				2	111
F9.	11 2000 NOTICE:						Section (circle one
· Ki	CC WICHITA to cars.					-	Section (circle one Section (circle one
_EASE OPERATORA	& A PRODUCTION		SF	POT LOCA	TION	• SW	NE NE
ADDRESSPO_BOX_100				EC4	TWP	9 S. RGE	28 (E) or (W
HILL CITY KS 67642				YTMUC	SHEI	RIDAN	<u> </u>
HONE#785) 421-6266 OPERATORS LICENSE NO. 30076				Date Well Completed 2-7 -02			
Charater of Well oil Oil, Gas, O&A, SWD, Input, Water Supply Well)				Date Plugging Commenced 9-11 -02			
(Oit, Gas,	, D&A, SWD, Input, Water S	Supply Well)	Da	ate Plug	ging Comple	eted9 - 12	- 02
The plugging proposal was	approved on 9-	-10-02					(date
эх	KCC OFFICE - HAY	s/ Nerle	Deine	2		(KCC D	istrict Agent's Name
Is ACO-1 filed? yes		/					
roducing formation(s)			Depth	to Top		Bottom	T.D. 4030
Show depth and thickness of							
OIL, GAS OR WATER RECORDS						CA	SING RECORD
FORMATION	CONTENT	FROM	TG	SIZI	=	PUT IN	PULL OUT
Production (Control Control Co					8 5/8	213	0
					4 1/2		1115
		<u> </u>	<u> </u>				
Described in detail the ma used in introducing it int feet to	o the hole. If cement or	s plugged, indic other plugs wer	ating where e used, stat	the mud te the ch	fluid was maracter of	placed and the same and depth	method or methods placed, from
	'2 ^N Casing with Sw	ift Service	s - load	l hole	_ pump	60 sacks o	f 60/40 with
10% Gel with casin							
circulate to surfac	e; pull casing ou	t of hole;	fill cas	sing -	8 5/8 11	with 20 sa	cks of 60/40.
with 10% gel. Back	fill and level						
	(If additional de	escription is nec	cessar y, use	BACK of	this form	.)	
Name of Plugging Contractor	POE SERVICING,	INC.			*		
License No. 3152	Section with the second of the						•
Address PO BOX 11	5 OBERLIN KS	·67749					
NAME OF PARTY RESPONDIBLE	FOR PLUGGING FEES: A	. & A PRODUC'	TION				
STATE OF KANSAS	COUNTY OF	GRAHAM	•	,ss.			
ANDY ANDE	RSON	(Empkoy	eexofxOperat	Koexae (Operator)	of above-describ	bed well, being first
sworn on cath, says: That well as filed that the same	I have knowledge of the fe are true and correct, so	acts, statements o help me God.	, and matter	s herei:	a containeç	i and the log of	the above-described
(Signature) India	Maline	<u>~</u>					
(Address) PO BOX 100	HILL CITY KS	67642					,
West A	before me this 26th	day of Sel	ptember		2002		
RITA A. ANDERSO		a (e) (de	plerso	2			•
My domination Express	1.05 anuary 21, 2004	Notary Public	c				Form CP-4

Form CP-4 Revised 12-92