

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 5-179-21102-0000

LEASE NAME HAFNER

WELL NUMBER #2

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

1520 Ft. from S/N Line of Section (circle one)

720 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR A & A PRODUCTION

SPOT LOCATION N/2 - SW - NW

ADDRESS PO BOX 100

SEC. 5 TWP. 10 S. RGE 26 W (E) or (W)

CITY, STATE, ZIP HILL CITY KS 67642

COUNTY SHERIDAN

PHONE#(785) 421-6266 OPERATORS LICENSE NO. 30076

Date Well Completed 6-16-00

Character of Well OIL  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Plugging Commenced 6-16-00

Date Plugging Completed 6-16-00

The plugging proposal was approved on 6-16-00 (date)

by CARL GOODROW (KCC District Agent's Name)

Is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation(s) \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
				8 5/8	205	0

Described 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.

Mixed 25 sacks at 2266 feet; mixed 100 sacks at 1350 feet; mixed 40 sacks at 250 feet mixed 10 sacks at 40 feet; mixed 10 sacks for rat hole

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

RECEIVED

STATE CORPORATION COMMISSION

JUN 30 2000  
06-30-2000  
CONSERVATION DIVISION  
Wichita, Kansas

Name of Plugging Contractor A & A PRODUCTION

License No. 30076

Address PO BOX 100 HILL CITY KS 67642

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANDY ANDERSON

STATE OF KANSAS COUNTY OF GRAHAM, ss.

ANDY ANDERSON (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) Andy Anderson

(Address) PO BOX 100 HILL CITY KS 67642

SUBSCRIBED AND SWORN TO before me this 27th day of JUNE, 192000

**RTA A. ANDERSON**  
Graham County, Kansas  
Commission Expires: January 21, 2004

Andy Anderson  
Notary Public

MB  
Form CP-4  
Revised 12-92