and return to Conservation Division at the address below within 60 days from plugging date.

OIL & GAS CONSERVATION DIVISION CC DISTRICT #2 Type or Print on this Form

Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD OCT 0 1 2003

	•	K.A.R.	82-3-117	3	115-19	155-0000								
OPERATOR: License #: 6655					1151091155	-0.0 <00								
Name: Crawford Production Company				Spot Description: N2 NW SW SW										
Address 1: P.O. Box 727				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Marion Lease Name: Strait Ranch Well #: 10 Date Well Completed:										
Address 2:														
City: El Dorado State: KS Zip: 67042 +														
Contact Person: Brance Crawford Phone: (316) 323-5513 Type of Well: (Check one) Oil Well Gas Well Gas Well Gas Well Gathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)														
							Depth to Top: Bottom: T.D. 2322				Plugging Commenced: 9-24-09			
							Depth to Top: Bottom: T.D				Plugging Commenced: 9-24-09			
							Depth to Top: Bottom: T.D				- Indigging Completed			
							Chau doubt and thiskness of a							
							Show depth and thickness of a Oil, Gas or Water		rmations.	Casina	Pagard (Surfa	ce, Conductor & Prod	uotion	
Formation	Content	Casing	Size	riecora (Suria	Setting Depth	Pulled Out								
			0.20		County Dopar	r and out								
Viola-Hunton		7												
				i		***************************************								
cement or other plugs were us Dumped 1250# Sai	ed, state the character nd @ 2322ft.	of same depth placed from (bo	ottom), to (250ft.	(top) for each Top of (^{plug set.} Cement @ 22	250ft. Perf shots at 250' ed off. RECEIVED								
				ı		OCT 1 5 2009								
7 Y 14 5	erro e s a esc			31		KCC WICHITA								
Plugging Contractor License #: _5870				Phillips	Well Service	: Inc								
Address 1: 315 Industr	rial Rd.		Address	2:										
City: El Dorado				State: KS		z _{ip} : 67042+								
Phone: (316) 323-21	160	18 - 17 - 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19		_										
Name of Party Responsible for	Plugging Fees: <u>Cra</u>	wford Production C	ompa	ny										
State of Kansas County, Butler				, ss.	4 19.44									
Brance Crawford				_ Emp	loyee of Operator or	Operator on above-described well,								
haina first duly swarn on coth	(Print Name)		and masses			the above-described well is as filed, and								
the same are true and correct,		neage of the facts statements, (zriu matte		анеч, апи ине ю <u>д</u> о	une above-described well is as filed, and								