

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
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5387
Name: Aztec Oil Co.
Address 1: 625 South Main
Address 2: _____
City: El Dorado State: Ks Zip: 67042 + _____
Contact Person: Steven W. Kile
Phone: (316) 321-3800
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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)
Mississippi Depth to Top: _____ Bottom: _____ T.D. 2454
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 073-01039-00-00
Spot Description: _____
SE, NE, SE Sec. 7 Twp. 22 S. R. 10 East West
~~3,050~~ 1650 Feet from North / South Line of Section
~~990~~ 330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greenwood
Lease Name: Pixlee C Well #: 8
Date Well Completed: 3-23-59
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 9-2-08
Plugging Completed: 1-5-09

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
Mississippi		Production	5-1/2"	2434'	252'

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.

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JUL 09 2009

KCC WICHITA

Plugging Contractor License #: 165290 34059 Name: Hurricane Well Service Inc
Address 1: P. O. Box 265 Address 2: _____
City: Madison State: Ks Zip: 66860 + _____
Phone: (620) 437-2661
Name of Party Responsible for Plugging Fees: Aztec Oil Co.
State of Ks County, Butler, ss.
Steven W. Kile Employee of Operator or Operator on above-described well,
(Print Name)

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: Steven W. Kile

[Handwritten signature]

M.I.L.# 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement; Acid or Tools
Service Ticket
02930

DATE 1-5-09

COUNTY Greenwood CITY _____

CHARGE TO Aztec Oil Company

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Pixlee A-8 CONTRACTOR Hurricane Services

KIND OF JOB Plug To Abandon SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
	Pump Trk. → Circulate while Drilling - Wash out Tubing to bottom		600.00
193 Sk	70/30 Pozmix cement		2074.75
680 lbs	Gel 4%		170.00
	BULK CHARGE		
8.85 Trk	BULK TRK. MILES <i>minimum charge</i>		225.00
⊖	PUMP TRK. MILES <i>Trk. on location</i>		N/C
	Rental on Swivel		50.00
	PLUGS		
		6.3% SALES TAX	141.42
		TOTAL	3961.17

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KCC WICHITA

T.D. 2454'

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 5 1/2"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 2 3/4" Tubing - Circulate on well with mud while washing & Drilling on well
Once we got Tubing down to 2437', Prepare To cement well as follows:

20 sks at 2437'

20 sks at 800'

153 sks at 252' To Surface

EQUIPMENT USED

NAME _____ UNIT NO. _____

NAME _____ UNIT NO. _____

Kelly Kimberlin 185

Jerry # 186

Brad Butler

HSI REP.

OWNER'S REP.