

15-179-20302-00-00

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 15-179-20302-00-00

LEASE NAME WILLSON

WELL NUMBER 1

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

4290 Ft. from S/N Line of Section (circle one)

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

LEASE OPERATOR A & A PRODUCTION

SPOT LOCATION SW - NE - NE

ADDRESS PO BOX 100

SEC. 14 TWP. 10 S. RGE 26 (2X or 4)

CITY, STATE, ZIP HILL CITY KS 67642

COUNTY SHERIDAN

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

Date Well Completed _____

Character of Well oil
(Oil, Gas, D&A, SWD, Irput, Water Supply Well)

Date Plugging Commenced 4-9--01

Date Plugging Completed 4-9- 01

The plugging proposal was approved on 4-9-01 (date)

BY CARL GOODROW (KCC District Agent's Name)

Is ACC-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	FRCH	TQ	SIZE	PUT IN	PULL OUT
				8 5/8	252	0
				5 1/2	4070	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.

Dug down 4 feet. 5 1/2 was 2 staged. Cut 8 5/8 and 5 1/2 off. Filled with 11 yards of cement to surface. Cut off 4 feet below surface. Place cap on top. Back filled and level.

RECEIVED
STATE CORPORATION COMMISSION
4-30-01
APR 30 2001

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

Name of Plugging Contractor NORTHWEST WELL SERVICE

License No. 31664

Address PO BOX 159 MERINO CO 80741

CONSERVATION DIVISION
Wichita, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A & A PRODUCTION

STATE OF KANSAS COUNTY OF GRAHAM, ss.

ANDY ANDERSON (Employee of Operator or (Operator) of above-described well, being first

duty 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

Rita A Anderson
Notary Public

SUBSCRIBED AND SWORN TO before me this 26th day of APRIL, 2001

My Commission Expires January 21, 2004

Form CP-4
Revised 12-92