

STATE OF KANSAS  
 STATE CORPORATION COMMISSION  
 200 Colorado Derby Building  
 Wichita, Kansas 67202

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

API NUMBER 15-071-20310-0002

LEASE NAME Evans E

WELL NUMBER 6

2310 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 11 TWP. 16 SRGE. 43 (E) or (W)

COUNTY Greeley

Date Well Completed 11/8/1983

Plugging Commenced 4/21/1998

Plugging Completed 4/21/1998

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

LEASE OPERATOR Marathon Oil Company

ADDRESS 1501 Stampede Avenue, Cody, WY 82414-4721

PHONE# (307) 587-4961 OPERATORS LICENSE NO. 30689

Character of Well Oil

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

The plugging proposal was approved on January 13, 1998 (date)

by David P. William (KCC District Agent's Name).

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

Producing Formation Morrow Depth to Top 5050' Bottom 5226' T.D. 5300'

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	Pulled out
See attached wellbore diagram and ACO1 - Only the Morrow was produced for oil		Surface	459'	8-5/8"	459'	None
		Surface	5300'	4-1/2"	5300'	None

Describe 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. A CIBP was set above stuck tubing and anchor catcher at 5300'. A cement plug was set from 5300' to surface. See attached wellbore diagram and cement tickets.

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

P&A No. 303-374

Name of Plugging Contractor Gibson Well Service

License No. CC05866

Address 7400 E. Orchard Road, Suite 370, Englewood, CO 86111-2531

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marathon Oil Company

STATE OF Wyoming COUNTY OF Park, ss.

R. P. Meabon, Regulatory Coordinator (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) [Signature]

(Address) 1501 Stampede Avenue, Cody, WY 82414-4721

SUBSCRIBED AND SWORN TO before me this 4th day of May, 19 98

Charlotte Jones  
 Notary Public

My Commission Expires Feb. 7, 2001

