

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 015-007-22453-01-01

LEASE NAME Gordon

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER A1-2

1700 Ft. from N S Section Line

380 Ft. from E W Section Line

LEASE OPERATOR Oneok Resources

SEC 2 TWP. 34S RGE. 14 (E) or (W)

ADDRESS P.O. Box 871, Tulsa, OK 74102-0871

COUNTY Barber

PHONE # 918-588-7711 OPERATOR'S LICENSE NO. 4548

Date Well Completed _____

Character of Well Good

Plugging Commenced 9/10/2001

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

Plugging Completed 9/11/2001

The plugging proposal was approved on 9/7/2001 (date)

by Richard Lacy (KCC District Agent's Name).

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

Producing Formation Deer Creek Depth to Top 3558 Bottom 3568 T. D. CIBP-4180

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
				8 5/8	463	None
				5 1/2	5299	2900

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Set CIBP at 3986, set CIBP at 3500, dump 2sx cement with dump bailer, stretch and cut 5 1/2 at 2910, pull 5 1/2 to 484, Allied Load hole, pump 10sx jel and spot 50sx cement, pull 5 1/2 to 266 and spot 40sx cement, pull 5 1/2 to 40 and circulate to surface 60/40, 6%, lay down 5 1/2

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oneok Resources

STATE OF Kansas COUNTY of Barber

Alan Vratil (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 filled that the same are true and correct, so help me God.

RECEIVED
SEP 13 2001
9-13-01
KCC WICHITA

(Signature) [Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 12 day of September, 2001

[Signature]
Notary Public

My Commission Expires: November 30, 2002

CPY

OR