

STATE OF KANSAS
STATE CORPORATION COMMISSION
Finney State Office Building
130 South Market, Rm 2078
Wichita, Kansas 67202

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

API NUMBER 15-175-217440000

LEASE NAME HOLIDAY "A"

WELL NUMBER 1

860 Ft. from S Section Line

4420 Ft. from E Section Line

SEC. 9 TWP. 33 RGE 33 (E) or (W)

COUNTY SEWARD

Date Well Completed 8-17-98

Plugging Commenced 8-17-98

Plugging Completed 8-17-98

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

LEASE OPERATOR ANADARKO PETROLEUM CORPORATION

ADDRESS P.O. BOX 351, LIBERAL, KS 67901-0351

PHONE # (316) 624-6253 OPERATORS LICENSE NO. 4549

Character of Well D&A

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

The plugging proposal was approved on 8-16-98 (date)

by STEVE DURANT (KCC District Agent's Name)

Is AC0-1 filed? YES If not, is well log attached?

Producing Formation NONE Depth to Top Bottom T.D. 6300

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"	1591	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. TIH W/4 1/2" DP TO 3200' & SET 100 SKS 60/40 POZMIX, 6%GEL @ 3200', TOH TO 1620' & SET 50 SKS, TOH TO 600' & SET 25 SKS, TOH TO 40' & SET 10 SKS FROM 40' TO 0'. SET 10 SKS IN MH & 15 SKS IN RH. CUT OFF 8-5/8" CSG 3' BELOW GL AND CAP, PERMANENTLY INSCRIBE WELL NAME, NUMBER AND DATE PLUGGED ON CAP.

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

Name of Plugging Contractor HALLIBURTON ENERGY SERVICES License No. 5287

Address P. O. BOX 1598, LIBERAL, KANSAS 67905-1598

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION

STATE OF KANSAS COUNTY OF SEWARD, ss.

L. MARC HARVEY, DRILLING TECHNICAL ASSISTANT (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) L. Marc Harvey 09/04/98
L. MARC HARVEY, DRILLING TECHNICAL ASSISTANT

(Address) P.O. BOX 351, LIBERAL, KS 67901-0351

SUBSCRIBED AND SWORN TO before me this 2nd day of September, 19 98

Freda L. Hinz
Notary Public

My Commission Expires:

