STATE OF KANSAS STATE CORFORATION COMMISSION Finney State Office Building 30 South Market, Rm 2078 Wichita, Kansas 67202

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

API NUMBER 1517520962 -06

					L
EASE	NAME	ETZOLD	UNIT	SOUTH	

	TYPE OR PRINT
NOTICE:	Fill out completely
а	nd return to Cons. Di

office within 30 days

LEASE NAMEETZOLD_UNIT_SOUTH					
WELL NUMBER <u>6-2</u>					
1980	Ft.	from	S	Section	Line
2970	Ft.	from	Е	Section	Line
SEC. <u>27</u> TWP. <u>33</u>	R	GE <u>34</u>	_(X)or (W)
COLD IDIX OF LARD					

			KE	CEIVED		
LEASE OPERATOR_	ANADARKO PETROL	EUM CORPORATION		_	SEC. <u>27</u> TWP. <u>33</u>	_RGE_ <u>34_(</u> X)or (W)
ADDRESS 701	S TAYLOR, STE 400	AMARILLO, TX 79	101 APR	2 4 2003	COUNTY SEWARD	
PHONE# (806)_4	-57-4600 OPI	ERATORS LICENSE NO	4549 KCC	WICHITA	Date Well Completed	7-6-1987
Character of Well _	INJECTION				Plugging Commenced	2-25-2003
(Oil, Gas, D&A, SW	VD, Input, Water Sup	oply Well)			Plugging Completed _	2-26-2003
The plugging propo	sal was approved on	2-15-2003	3			(date)
by	RICHARD LAC	EY	·		(KCC	District Agent's Name).
Is AC0-1 filed?	YES If n	ot, is well log attached	?			
Producing Formatio	n <u>CHESTER</u>	Depth	ı to Top <u>6295</u>	Bottom	6307T.D	65.00
Show depth and thic	kness of all water, o	il and gas formations.				
OIL, GAS OR WATER RECORDS			CASING R	ECORD		
Formation	Content	From	То	Size	Put In	Pulled Out
CHESTER	OIL	6293	6301	8 5/8	1654	0
				5 1/2	6460	1729

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._ SET CIBP AND DUMP 2 SXS CMT ON CIBP AT 6200. SHOT OFF 5 1/2 CSG AT 2507. LOAD HOLE WITH 9 PPG MUD. NO PULL ON CSG. SHOOT OFF 5 1/2 CSG AT 1729. SPOT 50 SXS CMT FROM 1680 TO 1530. SPOT 40 SXS CMT FROM 600 TO 480. SPOT 10 SXS CMT FROM 40 TO SURF. CUT OFF AND CAP 8 5/8 CSG BELOW GL.

(If additional description is necessary, use BACK of this form.) Name of Plugging Contractor SARGENT AND HORTON PLUGGING, INC. License No.___ Address RT 1 BOX 49BA, TYRONE, OK 73951-9731 PHONE: (580) 854-6515 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION STATE OF ___TEXAS COUNTY OF _ CRAIG R. WALTERS, P.E., DIVISION PRODUCTION ENGINEER _ (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) CRAIG R. WALTERS, P.E., DIV. PROD. ENGINEER

> (Address) 701 S. TAYLOR. STE 400 AMARILLO, IX 79101

SUBSCRIBED AND SWORN TO before me this

Notary Public

LORI PEARSON Notary Public, State of Texas My Commission Expires February 23, 200 My Contimission Expires: 2/00/05

Form CP-4 Revised 05-88