STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-175-216260000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 Finney State Office Building LEASE NAME HARVEY "B" 130 South Market, Rm 2078 TYPE OR PRINT Wichita Kansas 67202 WELL NUMBER 2 NOTICE: Fill out completely 790 _____ Ft. from S Section Line and return to Cons. Div. office within 30 days 3755 Ft. from E Section Line SEC. 19 TWP. 33 RGE 32 (E)or ((W)) LEASE OPERATOR ANADARKO PETROLEUM CORPORATION ADDRESS P.O. BOX 351, LIBERAL, KS 67901-0351 COUNTY SEWARD PHONE # (316) 624-6253 ____OPERATORS LICENSE NO.___ 4549 Date Well Completed _____5-24-97 Plugging Commenced <u>5-24-97</u> Character of Well __D&A___ (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed _____5-24-97 The plugging proposal was approved on _______5-24-97____ _(date) _____(KCC District Agent's Name). by _____STEVE DURANT Is AC0-1 filed? _____ If not, is well log attached? _____ ______ Depth to Top______ Bottom_____ T.D. _____ 6350____ Producing Formation _____NONE Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Pulled Out Content To Put In Formation From Size 8 5/8 1578 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 IIH W/4 1/2" DP TO 3100' & SET 100 SKS 60/40 POZMIX, 6%GEL a 3100', TOH TO 1590' & SET 50 SKS, TOH TO 630' & 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. KCC REP: STEVE DURANT. (If additional description is necessary, use BACK of this form.) License No. Name of Plugging Contractor CHEYENNE DRILLING Address P. O. BOX 916, GARDEN CITY, KANSAS 67846 PHONE: (405) 854-6515 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION STATE OF __KANSAS_ _ COUNTY OF _____SEWARD_ ,ss. 🧠 ___ (Employee of Operator) or (Operator) of above-described L. MARC HARVEY. DRILLING TECHNICAL ASSISTANT 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) A Mane Harvey, Drilling Technical Assistant P.O. BOX 351, LIBERAL, KS 67901-0351 SUBSCRIBED AND SWORN TO before me this_

My Commission Expires:

FREDA L. HINZ
Notary Public State of Kannas
My Appt. Expires 5-15-99

Form CP-4 Revised 05-88