

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

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

API NUMBER 15-129-20218 - 00-01

LEASE NAME SANTA FE TRAIL A

WELL NUMBER 1-2

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

1980 Ft. from S Section Line

4620 Ft. from E Section Line

LEASE OPERATOR ANADARKO PETROLEUM CORPORATION

SEC. 6 TWP. 33 RGE 40 (E) or ()

ADDRESS 701 S TAYLOR, STE 400 AMARILLO, TX 79101

COUNTY MORTON

PHONE # (806) 457-4600 OPERATORS LICENSE NO. 4549

Date Well Completed 11-1-75

Character of Well INJECTION EOR E 23598.3

Plugging Commenced 5-14-02

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

Plugging Completed 5-15-02

The plugging proposal was approved on 5-9-02 (date)

by STEVE DURRANT (KCC District Agent's Name).

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

Producing Formation U MORROW Depth to Top 5346 Bottom 5372 T.D. 5400

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
U MORROW	OIL	5346	5372	8 5/8	1579	0
				4 1/2	5440	0
				2 3/8	5300	0

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. MIX AND PUMP 2 SXS HULLS AND 25 SXS CMT TO PLUG PERFS. PRESSURE TO 1000 PSI. PERF 2 3/8 AND 4 1/2 CSG FROM 1000 TO 1005 WITH 4 SPF. ESTABLISH CIRCULATION TO SURFACE AND PUMP 230 SXS CMT CIRCULATED TO SURFACE. CUT OFF CSG 3' FROM GL AND CAP.

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

Name of Plugging Contractor SARGENT AND HORTON PLUGGING, INC. License No. 31151

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 POTTER, ss.
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

CRAIG R. WALTERS, P.E., DIV. PROD. ENGINEER

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



SUBSCRIBED AND SWORN TO before me this 16 day of May, 2002

Lori Pearson

Notary Public

My Commission Expires: 2/26/05

CP