

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 15-175-21599
LEASE NAME FULLER "A"
WELL NUMBER 2

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

660 Ft. from S Section Line
4620 Ft. from E Section Line

LEASE OPERATOR ANADARKO PETROLEUM CORPORATION
ADDRESS P.O. BOX 351, LIBERAL, KS 67901-0351
PHONE # (316) 624-6253 OPERATORS LICENSE NO. 4549

SEC. 30 TWP. 33 RGE 34 (E) or (W)
COUNTY SEWARD

Character of Well D&A

Date Well Completed 3-21-97

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

Plugging Commenced 3-21-97

Plugging Completed 3-22-97

The plugging proposal was approved on 3-21-97 (date)

by MR. LACY (KCC District Agent's Name)

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

Producing Formation NONE Depth to Top _____ Bottom _____ T.D. 6550

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	1692	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 2850' & SET 40 SKS 60/40 POZMIX, 6%GEL @ 2850', TOH TO 1730' & SET 50 SKS, TOH TO 600' & SET 40 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 CHEYENNE DRILLING License No. 5382

Address P.O. BOX 916, GARDEN CITY, KS. 67846 PHONE: (316) 277-2062

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION

STATE OF KANSAS COUNTY OF SEWARD, ss.

L. MARC HARVEY (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
L. MARC HARVEY, DRILLING TECHNICAL ASSISTANT

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

SUBSCRIBED AND SWORN TO before me this 5th day of May, 1997

My Commission Expires: _____
Freda L. Hinz
Notary Public
My Appl. Expires 5-15-99