S S F

STATE OF KANSAS STATE CORPORATION COMMISSION Finney State Office Building _30 South Market, Rm 2078 Wichita, Kansas 67202		DN	WELL PLUGGING RECO K.A.R82-3-117 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days		LEASE NAME LEEWE WELL NUMBER 1	t. from S Section Line	
LEASE OPERATOR ANADARKO PETROLEUM CORPORATION						t. from E Section Line _RGE <u>43(</u> E)or((/)	
ADDRESS P.O. BOX 351, LIBERAL, KS 67901-0351				_	COUNTY MORTON	O	
PHONE # (316) 624-6253 OPERATORS LICENSE NO. 4549					Date Well Completed10-6-82		
Character of Well _	GAS				Plugging Commenced	1-28-98	
(Oil, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed1-28-98		
The plugging propo	sal was approved o	on <u>1-17-9</u>	8		<u>.</u>	(date)	
by	GARY WINT	ERS			(KCc	C District Agent's Name).	
Producing Formatio	n <u>Wabaunse</u>	: <u>E</u> D	epth to Top <u>2585</u> :	Bottom	25941 T.D	3185	
Show depth and thic	kness of all water,	, oil and gas formatio	ons.				
OIL, GAS OR WATER RECORDS				CASIN	CASING RECORD		
Formation	Content	From	To	Size	Put In	Pulled Out	
WABAUNSEE	GAS	2585	2594	8-5/8"	704	0	
				4-1/2"	3184	0	
introducing it into the MIRU SARGENTS. PM	he hole. If cement	or other plugs were	used, state the character of the charact	cter of same an 5 SXS CMT a BY STATE REP	uid was placed and the med depth placed, from for 15.5XS CARY WINTERS.	eet to feet each set MT_DWN_4-1/2**x8-5/8**	
Name of Plugging C	Contractors/	ARGENT & HORTON PI	LUGGING, INC.		License No	31151	
Address RT. 1 BOX	49BA, TYRONE, 1	OK 73951-9731	PHONE: (580) 854-6	515			
NAME OF PARTY F	RESPONSIBLE FO	R PLUGGING FEES	:ANADARKO_PETRO	LEUM CORPORAT	ION		
	DIVISION PRODU	UCTION ENGINEER h, says: That I have	ue and correct, so h	facts, statemed elp me God. (Signature)	,ss. ee of Operator) or (Operator) or (Opera	PRODUCTION ENGINEER	
					n P		

My Commission Expires:

NOTARY PUBLIC - State of Kansas SHIRLEY J. CHILDERS

Form CP-4 Revised 05-88