

15-129-10377-0000

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 12-28-55

LEASE NAME INTERSTATE UNIT

WELL NUMBER 46

660 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 20 TWP. 34S RGE. 43 ~~XXX~~(W)

COUNTY Morton

Date Well Completed 12-28-55

Plugging Commenced 1-16-90

Plugging Completed 1-22-90

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

LEASE OPERATOR Anadarko Petroleum Corporation

ADDRESS P.O. Box 351, Liberal, KS 67905-0351

PHONE#(316) 624-6253 OPERATORS LICENSE NO. 4549

Character of Well Injection

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

The plugging proposal was approved on 1-15-90 (date)

by Glenn Barlow (KCC District Agent's Name).

Is ACO-1 filed? Report Physical Productivity if not, is well log attached? NA

Producing Formation Purdy Morrow Depth to Top 4152 Bottom 4174 T.D. 4195

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
Morrow	Oil	4452	4474	8 5/8	1216	0
				5 1/2	4195	2565

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/2 3/8 tbg to top of pkr @ 4152. Spot 25 sxs cmt from 4152 -3952. TOH w/2 3/8 tbg. Shoot off csg @ 2626. Spot 30 sxs cmt from 2600-2500, 50 sxs cmt from 1266-1166, 35 sxs cmt from 650-550 & 10 sxs cmt from 33-3'. Cut off 8 5/8 csg 3' below GL & cap. Restore location.

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

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 4549

Address 620 South Lincoln, Liberal, Kansas 67901

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Anadarko Petroleum Corporation

STATE OF Kansas COUNTY OF Morton, ss.

M. L. Pease, Division Production Manager (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) M. L. Pease  
(Address) M. L. Pease, Division Production Mgr. P.O. Box 351, Liberal, KS 67905-0351

SUBSCRIBED AND SWORN TO before me this 18th day of February, 19 90

My Commission Expires: 6-1-93  
CHERYL STEERS  
Notary Public - State of Kansas  
My Appt. Expires 6-1-93

RECEIVED  
STATE OF KANSAS  
2-23-90  
FEB 23 1990  
COMMISSIONER  
WICHITA, KANSAS