

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

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

API NUMBER 15129301150081 ⁰⁰⁰⁰

LEASE NAME KANSAS

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

WELL NUMBER 2-13

660 Ft. from S Section Line

1976.7 Ft. from E Section Line

SEC. 13 TWP. 43S RGE. 43 (E) or (W)

COUNTY MORTON

Date Well Completed 12-20-66

Plugging Commenced 5-26-94

Plugging Completed 5-26-94

LEASE OPERATOR EXECUTIVE PROPERTIES, INC.

ADDRESS 1715 WEST 58TH

PHONE (806) 352-2706 OPERATORS LICENSE NO. 22160

Character of Well GAS

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

The plugging proposal was approved on 5-26-94 (date)

by Glenn Barlow (KCC District Agent's Name)

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

Producing Formation MARMATON Depth to Top 3275 Bottom 3285 T.D. 4775

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	1174.5	0
				4 1/2	3397	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 plug were used, state the character of same and depth placed, from feet to feet each and
HALLIBURTON pump 250 sks. 60-40 poz with 6 o/o gel. from top to bottom of 4 1/2" & 150 sks. w/ 60-40 poz w/ 6o/o gel down 8 5/8 behind 4 1/2" casing

Name of Plugging Contractor SARGENTS CASING PULLING SERVICE License No. 269

Address P.O. BOX 506, LIBERAL KS 67901

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: EXECUTIVE PROPERTIES, INC.

STATE OF TEXAS COUNTY OF RANDALL, ss.

C.W. CROUCH (Employed 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 the the same are true and correct, so help me Gods

(Signature) [Signature]

(Address) 1715 WEST 58TH, AMARILLO TX 79110

SUBSCRIBED AND SWORN TO before me this 29th day of April, 19 94

[Signature]
Notary Public

My Commission Expires: 9-9-97
USE ONLY ONE SIDE OF EACH FORM

MAY - 6 - 94 FRI 10:10 TDD

P. 02

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

3. Lease Designation and Serial No.

KS NM 68732

6. If Indian, Allottee or Tribe Name

FEDERAL

7. If Unit or CA, Agreement Designation

14080012079

8. Well Name and No.

KANSAS #2-13

9. API Well No.

151293011500S1

10. Field and Pool, or Exploratory Area

GREENWOOD

11. County or Parish, State

MORTON COUNTY

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

EXECUTIVE PROPERTIES, INC.

3. Address and Telephone No.

1715 WEST 58TH, AMARILLO, TX 79110-3401 (806) 352-2706

4. Location of Well (Range, Sec., T., R., M., or Survey Description)

C SW SE SECTION 13-34S-43W, MORTON COUNTY, KANSAS, INSOFAR AS IT
COVERS OPERATING RIGHTS FROM 3273 FT. to 4778 FT., REPRESENTING THE
MORTON FORMATION. ABOUT 120 ACRES

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other PLUG & ABANDON
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

(Insert Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

PROPOSED METHOD OF PLUGGING ON 5-9-94:

CEMENT PLUG MUD TO 1300'
CEMENT PLUG TO 1150', SPUD TO 30 FEET
CEMENT PLUG TO SURFACE CUT OFF AND CAP 3' BELOW SURFACE

*Send copy of state P&A report
when report completed*

MAY 12 1994

Operator Accepted for Record

14. I hereby certify that the foregoing is true and correct

Signed *[Signature]*

Title SECRETARY

Date 5-6-94

(This space for Federal or State office use)

[Signature]
Title CHIEF, BRANCH OF FLUID OPERATIONS

Date MAY 10 1994

Approved by
Conditions of approval, if any

15-129-30115-0000

RECEIVED CORPORATION COMMISSION

AUG 25 1994

OGCC FORM 4 Rev 8/89

STATE OF COLORADO OIL AND GAS CONSERVATION COMMISSION DEPARTMENT OF NATURAL RESOURCES

CONSERVATION DIVISION WICHITA, KANSAS

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY ET FE UC SE

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: 13B. SUBSEQUENT REPORT OF: 13C. NOTIFICATION OF:

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK 5-26-94 - 5-26-94

5-26-94 Halliburton pump 250 sks. 60-40 poz. with 6% gel from top to bottom on 4 1/2 150 sks. with 60-40 poz. with 6% gel down 8 5/8 behind 4 1/2" casing

16. I hereby certify that the foregoing is true and correct SIGNED LIZ GARBALENA TELEPHONE NO. 806-352-2706 NAME (PRINT) LIZ GARBALENA TITLE SECRETARY DATE 8-22-94

(This space for Federal or State office use)

APPROVED CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

ORIGINAL

INVOICE

15-1293011500S

Plugged 5-26-94



HALLIBURTON ENERGY SERVICES

15-129-30115-0000

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE NO.	DATE
677683	07/22/1994

WELL/LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
KANSAS 2-13		MORTON		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET/DATE	
LIBERAL	N/A	PLUG TO ABANDON		05/26/1994	
ACCT NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
202280	DOUG BLAIR			COMPANY TRUCK	73464

CROUCH PETROLEUM CO
1715 W 58 TH
AMARILLO, TX 79110

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
000-117	MILEAGE CEMENTING ROUND TRIP	120	MI	2.75	330.00
		1	UNT		
009-019	PLUGGING BK SPOT CEMENT OR MUD	3285	FT	1,590.00	1,590.00
		1	UNT		
504-043	CEMENT - PREMIUM	300	SK	9.82	2,946.00
506-105	POZMIX A	14800	LB	.074	1,095.20
506-121	HALLIBURTON-GEL 2X	9	LB	.00	N/C
507-277	HALLIBURTON-GEL BENTONITE	17	SK	18.60	316.20
500-207	BULK SERVICE CHARGE	534	CFT	1.35	720.90
500-306	MILEAGE CMTG MAT DEL OR RETURN	1367.40	TMI	.95	1,299.03

INVOICE SUBTOTAL

8,297.33

DISCOUNT-(BID)

1,659.46-

INVOICE BID AMOUNT

6,637.87

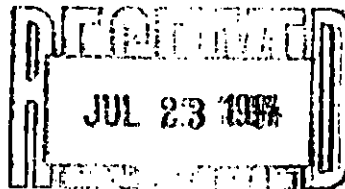
*-KANSAS STATE SALES TAX

325.26

*-SEWARD COUNTY SALES TAX

66.38

WELL #/ACCT# 2-13-13
DATE PAID 8-9-94
CHECK # 3669
AMOUNT 17,029.51



INVOICE TOTAL - PLEASE PAY THIS AMOUNT

\$7,029.51

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer



HALLIBURTON ENERGY SERVICES

CHARGE TO: CW Crouch Petroleum
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET

No. 677683 -

PAGE 1 OF

FORM 1906 R-13

1. <u>Liberal</u>	WELL/PROJECT NO. <u>2-13</u>	LEASE <u>Kansas</u>	COUNTY/PARISH <u>Morton</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>5-26-94</u>	OWNER
2. <u>Hugoton</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE JOB? <input type="checkbox"/> YES <input type="checkbox"/> SALES <input checked="" type="checkbox"/> NO	NITROGEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>None</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
3.	WELL TYPE <u>02</u>	WELL CATEGORY <u>06</u>	JOB PURPOSE <u>115</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>000-117</u>		<u>1</u>			<u>MILEAGE</u>	<u>120</u>	<u>M</u>			<u>2.75</u>	<u>330.00</u>
<u>009-019</u>		<u>1</u>			<u>Pump Charge</u>	<u>3285</u>	<u>PT</u>				<u>1590.00</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE:
X Doug Blair

DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL <u>1920.00</u>
TYPE LOCK	DEPTH		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?				
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
WELL DEPTH		ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
TREE CONNECTION	TYPE VALVE	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>8297.33</u>

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) Doug Blair CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X Doug Blair HALLIBURTON OPERATOR/ENGINEER Ronald Crist 07653 EMP # 28 HALLIBURTON APPROVAL Heardon 20%

15-129-30115-000



TICKET CONTINUATION

ORIGINAL
193

TICKET No. 677683

HALLIBURTON ENERGY SERVICES

CUSTOMER Crouch WELL Kansas DATE 5-26-94 PAGE OF

FORM 1911 R-10

15-129-3015-000

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
		2			500 cu.ft. 60/40 Pozmix							
504-043	516.00272	2			Premium Cement	300	sk			9.82	2946.00	
506-105	516.00286	2			Pozmix A	14,800	lb			074	1095.20	
506-121	516.00259	2			Gel 2%	9	sk					NC
507-277	516.00259	2			Add Gel 4%	17	sk			18.60	316.20	306
500-207		2			SERVICE CHARGE			CUBIC FEET 534		1.35	720.90	702
500-306		2			MILEAGE CHARGE	TOTAL WEIGHT 45,580	LOADED MILES 60	TON MILES 1367.40		.95	1299.03	

No. B 255120

CONTINUATION TOTAL 6377.33



JOB SUMMARY

HALLIBURTON DIVISION

Mid Continent

15-129-30115-0000

HALLIBURTON LOCATION

Liberal Ks

BILLED ON TICKET NO.

677683

WELL DATA

FIELD _____ SEC 13 TWP. 34S RING. 43W COUNTY Monton STATE Ks

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	4		4 1/2	GL	3285	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS				3275	3285	
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>05-26-94</u>	DATE <u>05-26-94</u>	DATE <u>05-26-94</u>	DATE _____
TIME <u>0600</u>	TIME <u>1000</u>	TIME <u>1400</u>	TIME _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R Crist</u>	<u>38342</u>	<u>Liberal</u>
<u>D-7653</u>	<u>PU</u>	
<u>K Boone</u>	<u>7181</u>	<u>''</u>
<u>47841</u>	<u>RCB</u>	
<u>D-Hamilton</u>	<u>6611</u>	<u>Hugoton</u>
<u>G-3930</u>	<u>Bulk</u>	
<u>Mr. Lewis</u>	<u>4734</u>	<u>''</u>
	<u>Bulk</u>	

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. ^D API
 DISPL. FLUID _____ DENSITY _____ LB./GAL. ^D API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT Cement
 DESCRIPTION OF JOB Plug To Abandon
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X
 HALLIBURTON OPERATOR Ronald Crist COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>500</u>	<u>60/40 102</u>		<u>B</u>	<u>6% Gel</u>	<u>1.51</u>	<u>13.5</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY (BBL) GAL. 67⁷⁸ down 4 1/2
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

CUSTOMER C W Crouch
 LEASE Kansas
 WELL NO. 2-13
 JOB TYPE PTA
 DATE 5-26-94



JOB LOG FORM 2013 R-4

CUSTOMER C W Crouch Pet WELL NO. 2-13 LEASE Kansas JOB TYPE Plug To Abandon TICKET NO. 677683

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries for times 0600, 1000, 1350, 1400, 1405, 1408, 1434, 1438, 1440, 1457, 1500 and descriptions like 'called out on location', 'Pumped 4 1/2 casing full cement', 'Shut Down Job End'.

Thank you For Calling Halliburton Energy Services R. Crist, K Boone M. Lewis, D Hamilton