

200 Colorado Derby Building
Wichita, Kansas 67202

API NUMBER 15-175-21315-0000

LEASE NAME MADDOX

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

WELL NUMBER 2-14

4030 Ft. from S Section Line

4030 Ft. from E Section Line

SEC. 14 TWP. 33S RGE. 34 EXOR(W)

COUNTY Seward

LEASE OPERATOR CABOT OIL & GAS CORPORATION

ADDRESS 9400 N. Broadway, Suite 608, Oklahoma City, OK 73114

PHONE (405) 478-6500 OPERATORS LICENSE NO. 6120

Date Well Completed 6/2/93

Character of Well

Plugging Commenced 3/11/94

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

Plugging Completed 3/12/94

The plugging proposal was approved on 3/28/94 (date)

by Mr. Glen Barlow (KCC District Agent's Name).

Is ACO-1 filed? Yes if not, is well log attached?

Producing Formation Upper Krider Depth to Top 2612' Bottom 2621' T.D. 2825'

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
Herrington	Not Perforated	2582	2600	8-5/8"	763'	0
Krider	Water	2610	2680	4-1/2"	2823'	0
Winfield	Not Perforated	2690	2726			
Ft. Riley	Not Perforated	2750	2825			

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 set
Loaded hole with 9.2 #/gal mud. HES RIH with CIBP on wireline. Set @ 2560'. Dumped 2 sxs cmt on top. RIH with tbq. Pump 20 sxs cmt plug 1660'-1460'. PU to 700'. Pump 20 sxs cmt from 700'-500'. PU to 45'. Pump 5 sxs cmt plug from 45'-55'. Displaced plugs with 9.2 #/gal mud. Cut off 5' below ground level. Weld plate on top.

Name of Plugging Contractor SARGENT'S CASING & PULLING SERVICE License No. 6547

Address P.O. BOX 506, Liberal, KS 67905-0506

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: CABOT OIL & GAS CORPORATION

STATE OF OKLAHOMA COUNTY OF OKLAHOMA, ss.

JIM R. PENDERGRASS

(Employee of Operator) ~~XXX~~ (OKLAHOMA) o 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) *Jim R. Pendergrass*

9400 N. Broadway, Suite 608

(Address) Oklahoma City, OK 73114

SUBSCRIBED AND SWORN TO before me this 13th day of APRIL, 1994

Connie B. Turner
Notary Public

Commission Expires: September 2, 1996



USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____-_____-_____- SPOT LOCATION/QCCC COUNTY _____

_____- FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____- FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACC-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: _____

PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (if known?) _____

PAYMENT OF THE PLUGGING FEE (K.S.A. 82-3-118) WILL BE GUARANTEED BY _____

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)

STATE CORPORATION COMMISSION
RECEIVED
APR 15 1994
CONSERVATION DIVISION
Wichita, Kansas