

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

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

15-189-10038-0000

API NUMBER Spud 10/6/63

LEASE NAME Parsons "B"

WELL NUMBER 1

1880 Ft. from S Section Line

3200 Ft. from E Section Line

SEC. 3 TWP. 31S RGE. 37 (W)

COUNTY Stevens

Date Well Completed 10/14/63

Plugging Commenced 10/27/94

Plugging Completed 11/6/94

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, Kansas 67905-0351

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

Character of Well Gas

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

The plugging proposal was approved on 11/6/94 (date)

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

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

Producing Formation TA'd Producer Depth to Top _____ Bottom _____ T.D. 3040

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	655	3'
				5 1/2	3040	723'

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. MIRU CP. Pmp 25 sxs hulls, 27 sxs. cmt from 2676-2400'. Pull free point and back off csg @ 723'. Spot 53 sxs cmt plg @ 723', spot 20 sxs cmt plg @ 50-3'. Cut off 8 5/8" csg 3' below ground level and cap. Rec 23 jts 5 1/2" csg. Witnessed by KCC Rep: Glenn Barlow.

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

Name of Plugging Contractor Sargent & Horton Plugging, Inc. License No. 31151

Address Rt 1, Box 49BA, Tyrone, OK 73951-9731 (405) 854-6515

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Anadarko Petroleum Corporation

STATE OF Kansas COUNTY OF Seward, ss.

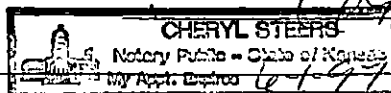
Leslie I. Barnes, Sr. Technical Assistant (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Leslie I. Barnes

(Address) P.O. Box 351, Liberal, KS 67905-0351

SUBSCRIBED AND SWORN TO before me this 11th day of November, 1994

My Commission Expires: _____



Notary Public