

STATE OF KANSAS
STATE CORPORATION COMMISSION
Finney State Office Building
50 South Market, Rm 2078
Wichita, Kansas 67202

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

API NUMBER 15-189-21250 -0000

LEASE NAME HOFFMAN B

WELL NUMBER 1H

1250' Ft. from S Section Line

4030' Ft. from E Section Line

SEC. 29 TWP. 34S RGE 38 (E) or (W)

COUNTY STEVENS

Date Well Completed OCT. 1988

Plugging Commenced 4-3-98

Plugging Completed 4-3-98

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 67901-0351

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 4-2-98 (date)

by GARY WINTERS (KCC District Agent's Name).

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

Producing Formation CHASE Depth to Top 2716 Bottom 3012 T.D. 3088

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
CHASE	GAS	2716	3012			
				8 5/8	693	
				5-1/2	3082	

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.
MIRU SARGENTS. 1D RODS AND TRG. SET CIBP @ 2600. DMP 3 SXS CMT ON CIBP. SPOT 25 SXS CMT @ 550-750'. SPOT 7 SXS CMT @ 50-0'. PMP 18 SXS CMT DWN ANNULUS & PRESSURE TO 500#. CUT OFF AND CAP CSG 4' BELOW GL. NOTIFIED STATE WITNESS GARY WINTERS.

(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 PHONE: 580-854-6515

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION

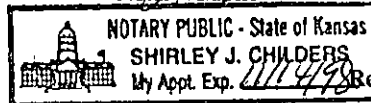
STATE OF KANSAS COUNTY OF SEWARD, ss.
SHAWN D. YOUNG, DIVISION PRODUCTION ENGINEER (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Shawn D. Young
SHAWN D. YOUNG, DIVISION PRODUCTION ENGINEER

(Address) P.O. BOX 351, LIBERAL, KS 67901-0351

SUBSCRIBED AND SWORN TO before me this 20th day of May, 19 98

My Commission Expires: 11/14/98



Form CP-4
Revised 05-88