

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

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

API NUMBER 15-189-21332-0001

LEASE NAME HERBEL "A"

WELL NUMBER 3

3890 Ft. from S Section Line

4030 Ft. from E Section Line

SEC. 23 TWP. 34 RGE 39 (X) or (W)

COUNTY STEVENS

Date Well Completed 9-14-96

Plugging Commenced 9-26-96

Plugging Completed 9-26-96

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 D&A

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

The plugging proposal was approved on 9-25-96 (date)

by STEVE MIDDLETON (KCC District Agent's Name)

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

Producing Formation NONE Depth to Top _____ Bottom _____ T.D. 3012'

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	621	NONE
				5-1/2	1573	1180

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 PLUGGERS, MIX & PUMP 50 SX 60/40 POZMIX W/6% GEL @ 1573', RUN FREE POINT, CUT OFF CASING AT 1180', PULL CASING TO 1140' & PUMP 150 SX CEMENT, PULL CASING TO 635' & PUMP 100 SX CEMENT AT 635', TOH W/5-1/2" CASING, SPOT 10 SX FROM 40' TO 0', CUT OFF 8-5/8" 3' BELOW SURFACE AND CAP, PERMANENTLY INSCRIBE WELL NAME, LEGAL LOCATION AND DATE PLUGGED ON CAP, RIG DOWN PLUGGERS AND RESTORE LOCATION.

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

Name of Plugging Contractor: SARGENT AND HORTON PLUGGING, INC. License No. 31151

Address RT 1, BOX 49 BA, TYRONE, OKLAHOMA, 73951-9731

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION 10-17-96

STATE OF KANSAS COUNTY OF SEWARD, ss.

DAVID W. KAPPLE (Employee of Operator) or (xxxxxxx) 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) David Kapple

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

SUBSCRIBED AND SWORN TO before me this 16th day of October, 1996

Freda L. Hinz
Notary Public

My Commission Expires _____

