

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market - Room 2078  
Wichita, Kansas 67202

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

API NUMBER 15-175-21519-00-00

LEASE NAME Lemert GU "B" Side String

WELL NUMBER 2 HI

1625 Ft. from S Section Line

1250 Ft. from E Section Line

SEC. 27 TWP. 32 S RGE. 33 W (E) or (W)

COUNTY Seward

Date Well Completed 1/25/01

Plugging Commenced 1/25/01

Plugging Completed 1/25/01

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

LEASE OPERATOR Amoco Production Company

ADDRESS P.O. Box 3092

PHONE # (281) 366-7816 OPERATORS LICENSE NO. 5952

Character of Well SWD

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

The plugging proposal was approved on 12/26/00 (date)

by David P. Williams (KCC District Agent's Name).

is ACO-1 filed? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation Glorietta Depth to Top 970' Bottom 1050' T.D. 1050'

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
	Surface			8 5/8"	546'	0
	Production			4 1/5"	2650'	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 set

Shut in Lemert GU "B" 2HI during abandonment operations on the sidestring. Establish injection rate with a max surface pressure of 1200psi (+/- 9ppg water). P&A'd 1 1/4" coil tubing sidestring at 1050'. Pumped 5 bbls cmt to surface (+ some extra). Cut off 5' below ground level and weld on steel cap w/identification. Restore location. Return the Lemert GU "B" 2HI gas well to production. Witnessed by Steve Middleton W/KCC.

Name of Plugging Contractor Halliburton Services License No. 5287

Address \_\_\_\_\_

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company

STATE OF Texas COUNTY OF Harris, ss.

Lou Barry (Employee of Operator) or (Operator) of above-described well, 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.

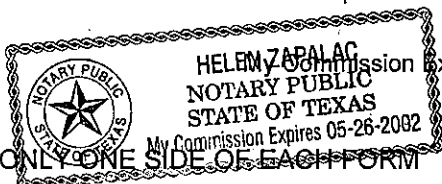
(Signature) Lou Barry  
(Address) \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 8 day of FEBRUARY, 2001

Helmi Zogalec Notary Public

RECEIVED

STATE CORPORATION COMMISSION



My Commission Expires: 05-26-02

FEB 16 2001

Form CP-4  
Revised 05-88  
CONSERVATION DIVISION  
Wichita, Kansas

OR

USE ONLY ONE SIDE OF EACH FORM