15-175-00252-0000 STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 12/17/57 SPUD DATE STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME ELLIS WELL NUMBER 1-6 TYPE OR PRINT NOTICE: Fill out completely 1956 Ft. from & Section Line and return to Cons. Div. office within 30 days. 1980 Ft. from E Section Line LEASE OPERATOR ANADARKO PETROLEUM CORPORATION SEC. 6 TWP.325 RGE.33 (E)or(W) ADDRESS P.O. Box 351, LIBERAL, KS 67905-0351 COUNTY SEWARD PHONE (316) 624-6253 OPERATORS LICENSE NO. 4549 Date Well Completed $\underline{1/9/58}$ Character of Well _____GAS____ Plugging Commenced 6/1/94 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 6/6/94 The plugging proposal was approved on _____6/1/94 _____(date) by ____GLENN BARLOW (KCC District Agent's Name). DRILLERS is ACO-1 filed?<u>Log FILED</u> if not, is well log attached? Producing Formation NONE Depth to Top Bottom T.D. 2670 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content To Size Pulled out From Put in 8 5/8 600 3 ' 41/22660_ 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 CSG PULLERS. PUMP 2 SXS HULLS & 25 SXS CLASS "H" CMT 2639-2300. PULL 2 3/8 TBG TO 1400'. PHMP 20 SXS CLASS "H" CMT 1400-1200. PULL 2 3/8 TBG TO 620'. PUMP 40 SXS CLASS "H" CMT 620-200'. TOH & LD 2 3/8 TBG. PUM 16 SXS CLASS "H" CMT 53-3'. CUT OFF 8 5/8 CSG 3' BELOW GL & CAP. RDMO CSG_PULLERS. STATE WITNESS: 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 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM COROPRATION STATE OF__ KANSAS ____ COUNTY OF SEWARD Leslie I. Barnes, Sr. Techanical Assistant (Employee of Operator) or MXXXXXXXXXXXX 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

RECEIVED KANSAS CORPORATION COMMISSION (Signature) Leslie J. Burnes

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

JUL 15 1994 AND SWORN TO before me this like day of July

Notary Public

CONSERVATION DIVISION Expires:

the same are true and correct, so help me God.

CHERYL STEERS 国题 My Appt. Expires 6-1-9

Form CP-4 Revised 05-88