

LEASE NAME Mercer

WELL NUMBER 2-20 2-30

1250' Ft. from S Section Line

1250' Ft. from E Section Line

SEC. 20 TWP. 32S RGE. 33 (E) or (W)

COUNTY Seward

Date Well Completed 2-3-92

Plugging Commenced 5-7-92

Plugging Completed 5-27-92

TYPE OR PRINT

NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR Cabot Oil & Gas Corporation

ADDRESS 9400 N. Broadway - Suite 608

PHONE#(405) 478-6500 OPERATORS LICENSE NO. 6120

Character of Well D&A

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

The plugging proposal was approved on May 5, 1992 (date)

by David Williams, and witnessed by Dick Kapp, KCC (KCC District Agent's Name).

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

Producing Formation Chase Depth to Top 2455' Bottom 2625' T.D. 2750'

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
U. Krider	Dry	0	672	8 5/8"	672'	0
Winfield	Dry					
Fr. Riley	Dry	0	2748	4 1/2"	2748'	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 plugs were used, state the character of same and depth placed, from    feet to    feet each section.

RIH w/CIBP set @ 2390' w/2sxs cement. Circulate hole w/9.0#/gal. mud. 1st plug 1700'-1465' w/20sxs 40/60 poz + 6% gel. 2nd plug @ 880'-645' w/20sxs 40/60 poz + 6% gel. Final plug cemented at 90' to 4' w/10sxs 40/60 poz + 6% gel. ND Wellhead, cut off 4 1/2 & 8 5/8" csg 4' below ground level. Weld plate on 8 5/8" backfill wellhead area. Mr. Dick Kapp witnessed.

Name of Plugging Contractor Howco Cementing Co. License No. N/A

Address Liberal, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cabot Oil & Gas Corporation

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Jim R. Pendergrass, Drilling Superintendent (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) 9400 N. Broadway - Suite 608  
Oklahoma City, OK 73114

SUBSCRIBED AND SWORN TO before me this 8 day of May, 1992

[Signature] Notary Public - Roberta E. Mitchell

My Commission Expires: November 9, 1992

USE ONLY ONE SIDE OF EACH FORM

STATE OF OKLAHOMA  
CORPORATION COMMISSION  
RECEIVED  
MAY 1 1992  
CONSERVATION DIVISION  
Wichita, Kansas  
Form CP-  
Revised 05-8

*right*

**WELL PLUGGING APPLICATION FORM**  
(File One Copy)

API NUMBER \_\_\_\_\_ (of this well).  
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR \_\_\_\_\_ OPERATOR'S LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

LEASE (FARM) \_\_\_\_\_ WELL NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W) TOTAL DEPTH \_\_\_\_\_ PLUG BACK TD \_\_\_\_\_

**Check One:**

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ D & A \_\_\_\_\_ SWD or INJ WELL \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

SURFACE CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

PERFORATED AT \_\_\_\_\_

CONDITION OF WELL: GOOD \_\_\_\_\_ POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_  
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN \_\_\_\_\_

**PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.**

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

\_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLUGGING CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

**PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.**

USE ONLY ONE SIDE OF EACH FORM

SIGNED: \_\_\_\_\_  
(Operator or Agent)

DATE: \_\_\_\_\_

