Finney State Office Building 130 South Market, Rm 2078

STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-129-21445 ~ @ @ @ @ STATE CORPORATION COMMISSION K.A.R.-82-3-117 MILAM "A" LEASE NAME_ Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER___ NOTICE: Fill out completely 1980 Ft, from S Section Line and return to Cons. Div. office within 30 days _ Ft. from E Section Line SEC. 31 TWP. 32 RGE 41 (X)or ((W)) LEASE OPERATOR ANADARKO PETROLEUM CORPORATION P.O. BOX 351, LIBERAL, KS 67901-0351 COUNTY MORTON PHONE # (316) 624-6253 OPERATORS LICENSE NO. 4549 Date Well Completed 9-13-96 Character of Well _____D&A___ Plugging Commenced ____1-3-97 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed _ The plugging proposal was approved on ____1-2-97 (KCC District. by **__GARY WINTER** Is AC0-1 filed? _____ YES _____ If not, is well log attached? _____ ____ Depth to Top____ Bottom____ T.D.___ Producing Formation NONE Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS ICASING RECORD To Pulled Out **Formation** Content From Size Put In 8-5/8 784 NONE 5-1/2 3367 NONE 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. PUMPED & SET 25 SX PLUG FROM 2968-3168', 90 SX PLUG FROM 850 TO 0', HEAVY DRILLING MUD PUMPED BETWEEN EACH PLUG, CUT OFF & CAP 8-5/8 AND 5-1/2 CSG 4' BELOW GL. PERMANENTLY INSCRIBE WELL NAME, LEGAL LOCATION AND DATE PLUGGED ON CAP. (If additional description is necessary, use BACK of this form.) License No. 31151 Name of Plugging Contractor: SARGENT AND HORTON PLUGGING, INC. Address RT. 1, P O BOX 49 BA, TYRONE, OKLA. 73951-9731 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ANADARKO PETROLEUM CORPORATION __COUNTY OF __SEWARD____ STATE OF KANSAS (Employee of Operator) or (xxxxxxxx) of above-described well, DAVID W. KAPPLE being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the abovedescribed well as filed that the same are true and correct, so help me God. (Signature) DAVID W. KAPPLE 🕽 (Address) P.O. BOX 351, LIBERAL KS 67901-0351 10 4 day of SUBSCRIBED AND SWORN TO before me this_

My Commission Expires

FREDA L. HINZ Notary Public - State of Kansas My Appl. Expires 25-15-99

Notary Public

Form CP-4 Revised 05-8p