

STATE OF KANSAS  
ATE CORPORATION COMMISSION  
D. S. Market, Room 2078  
Oklita, KS 67202

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

API NUMBER 15-129-20840-0000

LEASE NAME Saunders trust

WELL NUMBER 2-21

330 Ft. from N Section Line

1650 Ft. from W Section Line

SEC. 21 TWP. 32 RGE. 43W (E) or (W)

COUNTY Morton

Date Well Completed \_\_\_\_\_

Plugging Commenced 3-2-98

Plugging Completed 3-5-98

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

EASE OPERATOR Hugoton Energy Corporation

ADDRESS 4532 W. Jones Ave. Garden City, Kansas 67846

PHONE# (316) 287-3811 OPERATORS LICENSE NO. 3871

Character of Well SWD

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

The plugging proposal was approved on \_\_\_\_\_ (date)

by Gary Winters (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.O. 4925'

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
				9-5/8"	1653'	None
				4-1/2"	4924'	2800'

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 side. Plugged off bottom with sand to 3959' and 4 sacks cement. Shot pipe @2800', pumped 200# hulls, 10 bks. gel, 50 sks. cement, 15 sks. gel, 175 sks. cement, 60/40 pos, 6% gel.

Plugging Complete

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hugoton Energy Corporation

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 10th day of March, 19 98

[Signature]  
Notary Public

My Commission Expires: \_\_\_\_\_



IRENE HERZBERG  
State of Kansas  
My Appt. Exp. Aug. 24, 2001

Form CP  
Revised 05-

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