

TIGHT

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 15-187-20839-0000

LEASE NAME Christien Brent

TYPE OR PRINT

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

WELL NUMBER 1-33

1980 Ft. from N Section Line

660 Ft. from E Section Line

SEC. 33 TWP. 29S RGE. 40 (E) or (W)

COUNTY Stanton

Date Well Completed 6/12/96

Plugging Commenced 6/12/96

Plugging Completed 6/12/96

LEASE OPERATOR Amoco Production Company

ADDRESS PO Box 800 Room 924 Denver, CO 80201

PHONE# (303) 830-5323 OPERATORS LICENSE NO. 5952

Character of Well D&A

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

The plugging proposal was approved on June 11, 1996 (date)

by Keyin Strube (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, Is well log attached? ACO-1 is being filed at same time as this report.

Producing Formation Dry Depth to Top \_\_\_\_\_ Bottom T.O. 5710'

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			8.625"	1754'	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 set.

Well was plugged using 60/40 POZ with 6% gel as follows: Plug No. 1 at 2900' w/100 sks; Plug No. 2 at 1775' w/50 sks; Plug No. 3 at 600' w/40 sks; Plug No. 4 at 40' w/10sks; Mousehole w/10 sks; Rathole w/ 15 sks.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Halliburton License No. RECEIVED

Address \_\_\_\_\_ 7-10-1996

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company JUL 10 1996

STATE OF Colorado COUNTY OF Denver, ss. CONSERVATION DIVISION WICHITA, KS

Susan R. Potts (Employee of Operator) or (Operator) 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 the same are true and correct, so help me God.

(Signature) Susan R. Potts

(Address) PO Box 800 Room 924 Denver, CO 80201

SUBSCRIBED AND SWORN TO before me this 9th day of July, 19 96

Debra R. Harris  
Notary Public

My Commission Expires: 11-10-96