

LEASE NAME Naden

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

WELL NUMBER 2-29

1320' Ft. from S Section Line

1620' Ft. from <sup>W</sup> Section Line

LEASE OPERATOR Cabot Oil & Gas Corporation

SEC. 29 TWP. 32SRGE. 33W ~~33E~~ or (W)

ADDRESS 9400 N. Broadway @ Suite 608; Oklahoma City, OK 73114

COUNTY Seward

PHONE#(405) 478-6500 OPERATORS LICENSE NO. 06120

Date Well Completed 8/91

Character of Well D&A

Plugging Commenced 4/8/92

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

Plugging Completed 4/8/92

The plugging proposal was approved on March 31, 1992 (date)

by David Williams and Witnessed by KCC- Glenn Barlow (KCC District Agent's Name).

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

Producing Formation D&A Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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
Winfield - 2646-58	Dry	0'	667'	8-5/8"	667'	
Kriher - 2560-74	Dry	0'	2824'	4-1/2"	2824'	
2597-2609	Dry					
Herrington - 2532-38	Dry					

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 plug were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set

CIBP set @ 2640 w/ 2sx of cmnt; Circ 9.0#/gal plug mud. 2nd plug set with 20 sxs 40-60 Poz @ 1720-1357'. 3rd plug set with 20 sx 40-60 Poz @ 750'-387'. Final plug set with 10 sxs of 40-60 Poz @ 33'-3' Cut off 4-1/2" & 8-5/8" csg 4' below GL. Welded plate on.

Name of Plugging Contractor Halliburton Services License No. N/A

Address P.O. Box 1598; Liberal, Kansas 67901

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

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Jim R. Pendergrass, Drilling Superintendent for Cabot (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 the the same are true and correct, so help me God.

(Signature) Jim R. Pendergrass

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

SUBSCRIBED AND SWORN TO before me this 23 day of April, 19 92

Roberta C. Mitchell  
Notary Public  
Wichita, Kansas

My Commission Expires: November 9, 1992

USE ONLY ONE SIDE OF EACH FORM

APR 27 1992  
REGISTRATION DIVISION  
Wichita, Kansas

**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 TO \_\_\_\_\_

**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: \_\_\_\_\_