

LEASE NAME Luft

WELL NUMBER 3-30

1320' Ft. from S Section Line

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

SEC. 30 TWP. 32S RGE. 33 of (NW)

COUNTY Seward

Date Well Completed 2-14-92

Plugging Commenced 4-9-92

Plugging Completed 4-9-92

LEASE OPERATOR Cabot Oil & Gas Corporation

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

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

Character of Well D&A

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

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

by approved by David Williams - 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
2557-64;2586-94	Dry	0'	1630'	8-5/8"	1630'	
2620-40;	Dry	0'	6003'	4-1/2"	6003'	2360' pulled out
5766-74;5780-86	Dry					
5840-46;5814-16	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 @ 2500' w/2sxs of cmt. Load csg w/9.0#/gal mud. 2nd plug set with 50 sxs of 40-60 Poz @ 1930'-1650'; 3rd plug set with 40 sxs of 40-60 Poz @ 700'-480' and final plug set with 10 sxs of 40-60 Poz @ 30'-4'. Cut off 8-5/8" csg 4' below GL. Weld 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 that 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

Robert J. [Signature]  
 Notary Public  
 STATE CORPORATION COMMISSION

APR 27 1992  
 CONSERVATION DIVISION  
 Wichita, Kansas  
 Form CP-4  
 Revised 05-88

My Commission Expires: November 9, 1992

USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1  
Rev. 2/89

R

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: \_\_\_\_\_