

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 155-21246-0000

LEASE NAME Linder

WELL NUMBER 1

1980 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 25 TWP. 25S RGE. 10W (E) or (W)

COUNTY Reno

Date Well Completed _____

Plugging Commenced 12-07-99

Plugging Completed 12-07-99

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

RECEIVED
KANSAS CORP COMM
12-20-99
1999 DEC 20 P 1:37

LEASE OPERATOR Phillips Exploration Company L.C.

ADDRESS 2338 Bromfield Circle Wichita, KS 67226

PHONE/(316) 687-9983 OPERATORS LICENSE NO. 31160

Character of Well Oil

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

The plugging proposal was approved on 12-07-99 (date)

by Jack Luthi (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 3484' Bottom 3914' T.O. 4190'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content Surface	From -0-	To 188'	Size 8 5/8"	Put In 188'	Pulled out None
	Production	-0-	4047'	5 1/2"	4047'	1783.50'

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. Bottom plug sand & cement 3434'. Allied loaded hole, spot 35 sacks cement 60/40 @ 1450'. Loaded hole, spot 35 sacks cement @ 950'. Loaded hole & circulated cement to surface form 300' with 150 sacks cement. Maximum pressure 250#. Job started 10:30 a.m. and completed 12:15 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Phillips Exploration Co. L.C.

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (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) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 13th day of December, 19 99

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appl Expires Nov 14, 2001

Form CP-1
Revised 05-88