STATE OF KANSAS
STATE CORPORATION COMMISSION
Finney State Office Building
30 South Market, Rm 2078
Wichita, Kansas   67202

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

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

API NUMBER_____15-173-20215-0000

LEASE NAME_____BEARDMORE "A"

WELL NUMBER_____1_____

_____660_____Ft. from N Section Line

_____1980_____Ft. from W Section Line

SEC. _23_ TWP._29_ RGE_4_ (E)or (N)

COUNTY___SEDGWICK_____

Date Well Completed __7-25-1979__

Plugging Commenced __8-31-2000__

Plugging Completed __9-7-2000__

LEASE OPERATOR___ANADARKO PETROLEUM CORPORATION_____

ADDRESS_____P.O. BOX 351, LIBERAL, KS 67901-0351_____

PHONE # (316)_624-6253_____OPERATORS LICENSE NO.____4549_____

Character of Well _____OIL_____

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

The plugging proposal was approved on _____7-20-2000_____(date)

by _____GARY WINTERS_____(KCC District Agent=s Name).

Is AC0-1 filed? _____YES_____ If not, is well log attached? _____

Producing Formation ____SIMPSON_____ Depth to Top__4276_____ Bottom__4284_____ T.D._____4350_____

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
SIMPSON	OIL	4276	4284	8 5/8"	286	0
				4 ½"	4349	2020

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.____
PMP 20 SXS CMT & 2 SXS HULLS FROM 4312-4074. PULL FREE POINT AND SHOOT OFF 4 ½" CSG @ 2020. SPOT 35 SXS CMT @ 750-630.
SPOT 35 SXS CMT FROM 340-320. DISPLACE W/ MUD. PMP 10 SXS CMT DOWN CSG. CUT OFF AND CAP 4' BELOW GL.

(If additional description is necessary, use <u>BACK</u> of this form.)

Name of Plugging Contractor___SARGENT AND HORTON PLUGGING, INC._____ License No._____31151_____

Address_RT 1 BOX 49BA, TYRONE, OK 73951-9731   PHONE: (580) 854-6515_____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:___ANADARKO PETROLEUM CORPORATION_____

STATE OF __KANSAS_____ COUNTY OF ____SEWARD_____ ,ss.
__SHAWN D. YOUNG, DIVISION PRODUCTION ENGINEER_____ (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 top of
the above-described well as filed that the same are true and correct, so help me God.

(Signature)_____.
SHAWN D. YOUNG, DIVISION PRODUCTION ENGINEER

(Address)___P.O. BOX 351, LIBERAL, KS 67901-0351_____

SUBSCRIBED AND SWORN TO before me this__27th__day of __October__ 2000

_____
Notary Public

My Commission Expires:_____