

STATE OF KANSAS
STATE CORPORATION COMMISSION

Form CP-4

WELL PLUGGING RECORD

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
P. O. Box 17027
Wichita, Kansas 67217
NORTH

Finney County, Sec. 11 Twp. 25 Rge. (E) 33 (W)

Location as "NE/CNWxSWx" or footage from lines SW SW SW NE

Lease Owner Amoco Production Company

Lease Name Reeve Gas Unit Well No. 1

Office Address P. O. Box 432, Liberal, Kansas 67901

Character of Well (completed as Oil, Gas or Dry Hole) Gas

Date well completed 12-26 19 49

Application for plugging filed 3-15 19 78

Application for plugging approved 3-20 19 78

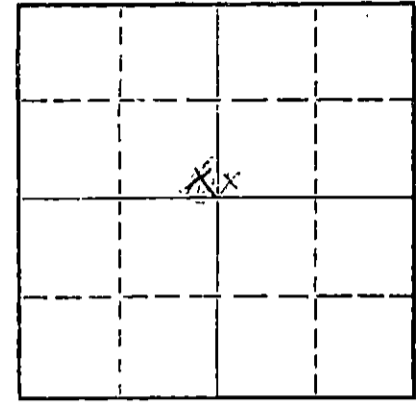
Plugging commenced 4-11 19 78

Plugging completed 4-11 19 78

Reason for abandonment of well or producing formation Well developed casing leak, attempted repair unsuccessful. Well not producing

If a producing well is abandoned, date of last production 10-28 19 77

Was permission obtained from the Conservation Division or its agents before plugging was commenced? Yes



Locate well correctly on above Section Plat

Name of Conservation Agent who supervised plugging of this well Clarence Thomas

Producing formation Chase Depth to top 2518 Bottom 2690 Total Depth of Well 2690 Feet

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
Chase		2518	2690	10 3/4	905	0
				7	2650	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 for each plug set.

Pumped 103 sacks cement into 7" casing to fill it to surface. Cut off 13 3/8" and 7" casing 6' below.

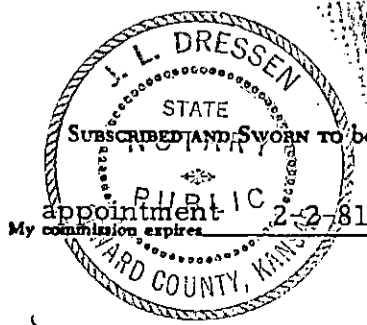
RECEIVED
STATE CORPORATION COMMISSION
4-26-78
APR 26 1978

Name of Plugging Contractor Dowell
Address _____
(If additional description is necessary, use BACK of this form)

STATE OF Kansas, COUNTY OF Seward ss.
Gale McCord (employee of owner) or (owner or operator) of the 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 and that the same are true and correct. So help me God.

(Signature) Gale McCord Admin. Supv.
P. O. Box 432, Liberal, Kansas 67901
(Address)

Subscribed and sworn to before me this 25 day of April, 19 78



J. L. Dressen
Notary Public.