

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

RECEIVED
MAY 24 2004
Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled
KCC WICHITA

Lease Operator: OIL PRODUCERS Inc. of Kansas

Address: BOX 8647 N WOODLAWN WICHITA KS 67208

Phone: (316) 681-0231 Operator License #: 8061

Type of Well: GAS Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 3/26/04 1-26-04 (Date)

by: STEVE MIDDLETON (KCC District Agent's Name)

Is ACO-1 filed? Yes No If not, is well log attached? Yes No

Producing Formation(s): List All (If needed attach another sheet)

ALTAMONT Depth to Top: 4863 Bottom: 4865 T.D. _____
MISSISSIPPI Depth to Top: 5017 Bottom: 5019 T.D. _____
MISSISSIPPI Depth to Top: 5057 Bottom: 5061 T.D. 5150

API Number: 15-097-21513 00-00

Lease Name: KANE TRUST

Well Number: 2-18

Spot Location (QQQQ): _____ - SE - NE - SW

1650 Feet from North / South Section Line

2970 Feet from East / West Section Line

Sec. 18 Twp. 30 S. R. 18 East West

County: KIOWA

Date Well Completed: _____

Plugging Commenced: 3/31/04 4-1-04

Plugging Completed: 4/5/04 4-1-04

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

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
<u>Surf Prod</u>				<u>8 5/8</u>	<u>655</u>	<u>⊕</u>
				<u>4 1/2</u>	<u>5149</u>	<u>4050</u>

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

SANDED BOTTOM TO 4794 LOADED HOLE BAILED 4 SXS CEMENT. PULLED PIPE TO 1050 PUMPED 10 GEL 50 SXS PULLED TO 675 PUMPED 50 SXS PULLED TO 40' PULLED 10 SXS LET SIT OVER NIGHT PUMPED 100 SXS TO FILL WELL BACK UP

Name of Plugging Contractor: QUALITY WELL SERVICE License #: 31925

Address: _____

Name of Party Responsible for Plugging Fees: OIL PRODUCERS Inc. of Kansas

State of Kansas County, Sedgwick, ss.

John S. Weir (Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God.



(Signature) _____

(Address) P.O. Box 8647 Wichita, Ks. 67208

SUBSCRIBED and SWORN TO before me this 21st day of May, 2004

Diana L. Richecky Notary Public My Commission Expires: 1/12/08

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

jm