

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 South Market, Room 2078  
Wichita, Kansas 67202

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

API NUMBER 15-083-21484-0000

LEASE NAME Deanna

WELL NUMBER 1-16

4130 Ft. from South Section Line

3475 Ft. from East Section Line

SEC 16 TWP 24 RGE 23 West

COUNTY Hodgeman

Date Well Completed \_\_\_\_\_

Plugging Commenced 7/24/2003

Plugging Completed 7/24/2003

NOV 03 2003

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

KCC WICHITA

Larson Operating Company

LEASE OPERATOR A Division of Larson Engineering, Inc.

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well D&A

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

The plugging proposal was approved on 7/24/2003 (date)

by Kevin Strube (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4716'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From surface	To	Size	Put In	Pulled Out
			321	8-5/8"	314.4'	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 each set.

Plugged w/ 185 sx 60-40 poz w/ 6% gel & 1/4#/sk flocele as follows:

- 1<sup>st</sup> plug @ 1600' w/ 50 sx
- 2<sup>nd</sup> plug @ 800' w/ 50 sx
- 3<sup>rd</sup> plug @ 350' w/ 50 sx
- 4<sup>th</sup> plug @ 40' w/ 10 sx
- rat hole w/ 15 sx
- mouse hole w/ 10 sx

(if additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Mallard JV, Inc. License No. 4958

Address P.O. Box 1009, McPherson, KS 67460-1009

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company

STATE OF KANSAS COUNTY OF BARTON, ss.

Thomas Larson (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) Thomas C. Larson, President

(Address) 562 West Highway 4 Olmitz, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 29th day of October, 20 03

Carol S. Larson  
Carol S. Larson

Notary Public

My Commission Expires: June 25, 2005



Form CP-4  
Revised 05-88