

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

1-27-01 16-026 00053-0000

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

RECEIVED
NOV 06 2003

TYPE OR PRINT
NOTICE: Fill out Completely
and return to coms. div.
office within 30 days.

KCC WICHITA

API NUMBER _____
LEASE NAME Randell
WELL NUMBER 1
2110 ft. from S Section Line
2640 ft. from E Section Line
SEC. 1 TWP. 34 RGE. 22 (E) or (W)
COUNTY Clark
Date Well Completed 9/3/03
Plugging Commenced 9/5/03
Plugging Completed _____

LEASE OPERATOR Quality Well Service, Inc.
ADDRESS 401 West Main, Lyons, KS 67554
PHONE # (620) 727-3410 OPERATORS LICENSE NO. 31925
Character of well oil

(Oil, Gas, D&A, SWD, input, Water Supply Well)
The plugging proposal was approved on 9/3/03 (date)
by Steve Durant (XCC District Agent's Name).

Is ACO-1 filed? yes if not, Is well log attached not available to u

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5555
Show depth and thickness of all water, oil and gas formations
OIL, GAS OR WATER RECORDS

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8	633	none
				4 1/2	5555	3025

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
Sand to 5345, bail 4 sacks cement. Rip pipe at 3235, 3025, work free, pull to 1400. Pull to 950 and pump 50 sacks cement., 10 sacks gel. Pull to 650, pump 50 sacks cement. Pull to 30' and pump 10 sacks cement.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925
Address 401 West Main, Lyons, KS 67554
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quality Well Service, Inc.
STATE OF _____ COUNTY OF _____, ss.

(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 filled that
the same are true and correct, so help me God.

(Signature) Richard O. McElroy
(Address) 401 West Main Lyons 67554

SUBSCRIBED AND SWORN TO before me 5th day of Nov, 2003

MARGARET MELCHER
NOTARY PUBLIC
State of Kansas
My commission Expires _____
My Appointment Exp. _____

Margaret Melcher
Notary Public