

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

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KCC WICHITA

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: D.E. Exploration, Inc.

Address: P.O. Box 128 Wellsville, KS 66092-0128

Phone: (785) 883-4057 Operator License #: 4567

Type of Well: Oil/Injection Docket #: E-25,372 (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 11-20-03 (Date)

by: Jack Robinson (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)

Bartlesville Depth to Top: 839' Bottom: 847' T.D. 895'

API Number: 15-091-22,336-00-00

Lease Name: Sanders

Well Number: #1-1

Spot Location (QQQQ): NW - NE - NE - NW

5115' Feet from North / South Section Line

3135' Feet from East / West Section Line

Sec. 12 Twp. 15 S. R. 21 East West

County: Johnson 9-6-91

Date Well Completed: 6-28-91

Plugging Commenced: 12-2-03

Plugging Completed: 12-2-03

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

Table with columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface Conductor & Production) (From, To, Size, Put In, Pulled Out). Rows include Bartlesville with Oil/Injection content and casing sizes of 7" and 2 7/8".

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.

Consolidated hooked to 2 7/8" L.S. and pumped 30 sacks to squeeze shut in 1000 PSI.

Name of Plugging Contractor: Consolidated Oil Well Services, Inc. License #: 31440

Address: P.O. Box 884 Chanute, KS 66720

Name of Party Responsible for Plugging Fees: D.E. Exploration, Inc.

State of Kansas County, Franklin, ss.

Douglas G. Evans, President (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.

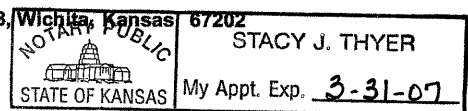
(Signature) [Handwritten Signature]

(Address) P.O. Box 128 Wellsville, KS 66092-0128

SUBSCRIBED and SWORN TO before me this 4th day of December, 20 03

[Signature] My Commission Expires: 3-31-07

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



3 05

To: STATE CORPORATION COMMISSION
Wichita State Office Bldg. - PLUGGING SECTION
130 S. Market, Room 2078
Wichita, Kansas 67202

API NUMBER 15-091-22,336
NENENW4 Sec/Twp/Rge 12-15-21E
5115 feet from south section line
3135 feet from east section line

TECHNICIAN'S PLUGGING REPORT

Operator License # 4567
Operator: D E EXPLORATION INC
Name & 4567 PO BOX 128
Address WELLSVILLE, KS 66092

Lease/Well# SANDERS # I-1
County JOHNSON
Well Total Depth 895 feet
Production Pipe: 2 7/8 Size Feet 878
Surface Casing: 7 Size Feet 21
AB oil well Gas Well SWD Well/ Input Well X D & A

Other well as hereinafter indicated: _____

Plugging Contractor: CONSOLIDATED OIL WELL SERVICES Lic. # 31440

Address: OTTAWA KS.

Company to plug at: Hour: PM Day: _____ 2 Month: 12 2003

Plugging proposal received from: DOUG EVANS

Company Name: D E EXPLORATION Phone: 785-883-4057

Were: FILL TD TO SURF WITH CEMENT AND SQUEEZE

Plugging Proposal Received by: ROBISON J.

Plugging attended by Agent: All X Part _____ TECHNICIAN
None _____

Operations Completed: Hour: PM Day: _____ 2 Month: 12 2001

Actual Plugging Report: CONSOLIDATED HOOKED TO L. S. AND PUMPED 30 SX TO SQUEEZE
1000 PSI

Remarks: WELL ALT 2 COMPLETED

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

I DID observe this plugging.

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Signed: *Copy*

Josh Robison
TECHNICIAN

WOOD BRIDGE ONE WAY ROAD WICHITA KANSAS 67201
CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 29930
 LOCATION Ottawa
 FOREMAN Bill Zabel

TREATMENT REPORT

Well #s 1, 2, 3, 2, 4

DATE <u>12-2-03</u>	CUSTOMER # <u>2654</u>	WELL NAME <u>Sanders</u>	FORMATION
SECTION <u>12</u>	TOWNSHIP <u>15</u>	RANGE <u>21</u>	COUNTY <u>Jo</u>
CUSTOMER <u>Doug Evans</u>			
MAILING ADDRESS <u>P.O. Box 128</u>			
CITY <u>Wellsville</u>			
STATE <u>Ks</u>		ZIP CODE <u>66092</u>	

TIME ARRIVED ON LOCATION 9:00 AM to 12:00 PM

WELL DATA

HOLE SIZE	PACKER DEPTH
TOTAL DEPTH	PERFORATIONS
CASING SIZE <u>See Below</u>	SHOT/FT.
CASING DEPTH	OPEN HOLE
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>164</u>	<u>Arnd W.</u>		
<u>369</u>	<u>Aaron</u>		
<u>230</u>	<u>Mitch character</u>		
<u>372</u>	<u>Bill Z.</u>		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input checked="" type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISF. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Squeeze Plug & Abandon 5 wells with 50/50 Pot
4% Gel + Carboxseed Hulls mixed in. (Hull 114ss & 3ss Hulls)

AUTHORIZATION TO PROCEED

TITLE

DATE

Bill Zabel 12-2-03

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Well #	Size casing	Depth					BREAKDOWN PRESSURE
<u>#1</u>	<u>2 1/2"</u>	<u>Approx 880'</u>	<u>min rate + Pumped 20 ss</u>			<u>1500 psi</u>	DISPLACEMENT
<u>I 1</u>	<u>2 1/2"</u>	<u>Approx 880'</u>	<u>min rate + Pumped 27 ss</u>			<u>1500 psi</u>	MIX PRESSURE
<u>#3</u>	<u>2 1/2"</u>	<u>Approx 880'</u>	<u>min rate + Pumped 20 ss</u>			<u>1500 psi</u>	MIN PRESSURE
<u>I 2</u>	<u>2 1/2"</u>	<u>Approx 880'</u>	<u>min rate + Pumped 27 ss</u>			<u>1500 psi</u>	ISIP
<u>#4</u>	<u>2 1/2"</u>	<u>Approx 880'</u>	<u>min rate + Pumped 20 ss</u>			<u>1500 psi</u>	15 MIN.
							MAX RATE
							MIN RATE

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