

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 15-007-20-635-00-00

LEASE NAME McDaniels

TYPE OR PRINT

WELL NUMBER A-1

RECEIVED

NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

4620 Ft. from N (S) Section Line

990 Ft. from (E) W Section Line

DEC 19 2003

KCC WICHITA

LEASE OPERATOR Hayes Oil & Gas

SEC. 13 TWP. 32S RGE. 10 (E) or (W)

ADDRESS P.O. Box 108, Attica, KS 67009-0108

COUNTY Barber

PHONE # 620-254-7204 OPERATOR'S LICENSE NO. 5429

Date Well Completed 10/19/78

Character of Well Good Oil

Plugging Commenced 12/11/2003

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

Plugging Completed 12/11/2003

The plugging proposal was approved on 12/5/2003 (date)

by Jim Holland (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4345 Bottom 4348 T. D. 4365-4410

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
				8 5/8	239	None
				5 1/2	4409	2200

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Lay down rods, back tubing off at 4029', lay down tubing, set CIBP at 4000', dump 2 sacks portland cement with dump bailer, Stretch and cut 5 1/2 at 2200', lay down 5 1/2

12/11/2003 - Allied pump 300 hulls, 10 sacks jel, 50 sacks cement, 10 sacks jel, 100 hulls, 100 sacks cement, 60/40, 6% jel

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

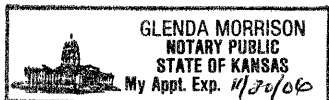
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hayes Oil & Gas

STATE OF Kansas COUNTY of Barber, ss.

Alan Vratil (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) [Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 17 day of December 2003

[Signature]
Notary Public

My Commission Expires: November 30, 2006