

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 Docket #: (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: 849' Bottom: 855' T.D. 922'

Depth to Top: Bottom: T.D.

Depth to Top: Bottom: T.D.

API Number: 15-091-22,258-60-00

Lease Name: Sanders

Well Number: #4

Spot Location (QQQQ): NW - NW - NW

5060' Feet from North / South Section Line

4180' Feet from East / West Section Line

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

County: Johnson

Date Well Completed: 6-13-91

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 and Prod Surf.

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 25 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.

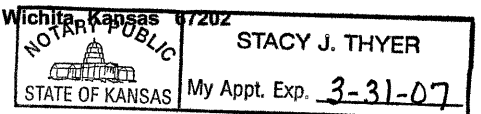
(Signature) Douglas G. Evans

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

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

Stacy J. Thyer Notary Public My Commission Expires: 3-31-07

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



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

API NUMBER 15-091-22,258
NWNWNW4 Sec/Twp/Rge 12-15-21E
5060 feet from south section line
4180 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 #4
County JOHNSON
Well Total Depth 922 feet
Production Pipe: 2 7/8 Size Feet 906
Surface Casing: 7 Size Feet 20

AB oil well Gas Well SWD Well/ Input Well D & A
Other well as hereinafter indicated: _____

Plugging Contractor: CONSOLIDATED OIL WELL SERVICES Lic. # 31440
Address: OTTAWA KS.

Company to plug at: Hour: AM 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.
TECHNICIAN
Plugging attended by Agent: All Part None _____
Operations Completed: Hour: AM Day: _____ 2 Month: 12 2001
Actual Plugging Report: CONSOLIDATED HOOKED TO L. S. AND PUMPED 25 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.

Signed: Jack Robinson
TECHNICIAN

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CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-457-8676

TICKET NUMBER **29930**
 LOCATION **Attawa**
 FOREMAN **Bill Zabel**

TREATMENT REPORT

Wells #s **1, I1, 3, I2, 4**

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

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

WELL DATA	
HOLE SIZE	PACKER DEPTH
TOTAL DEPTH	PERFORATIONS
	SHOTS/FT.
CASING SIZE See Below	OPEN HOLE
CASING DEPTH	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
164	Brad W.		
369	Aaron		
230	Mitch		
372	Bill Z.		

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 + Cottonseed Hulls mixed in. (Hull 114 ss + 3 ss 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	Depth					BREAKDOWN PRESSURE
#1	2 1/2"	Approx 880'	mix gel + Pumped 20 ss			1500 psi	DISPLACEMENT
I1	2 1/2"	Approx 880'	mix gel + Pumped 27 ss			1500 psi	MIX PRESSURE
#3	2 1/2"	Approx 880'	mix gel + Pumped 20 ss			1500 psi	MIN PRESSURE
I2	2 1/2"	Approx 880'	mix gel + Pumped 27 ss			1500 psi	ISIP
#4	2 1/2"	Approx 880'	mix gel + Pumped 20 ss			1500 psi	16 MIN.
							MAX RATE
							MIN RATE

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