

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 15-097-21520-0000

LEASE NAME Liggett

WELL NUMBER 1-25

660 Ft. from South Section Line

1980 Ft. from East Section Line

SEC 25 TWP 30S RGE 20 West

COUNTY Kiowa

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

Plugging Commenced 10/4/2003

Plugging Completed 10/4/2003

RECEIVED

FEB 19 2004

KCC WICHITA

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

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 10/4/2003 (date)

by Mike Meyer (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 5200  
5210'

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
		Surface	40'	20"	40'	0'
		Surface	663'	8-5/8"	652'	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/ 125 sx 60-40 poz w/ 6% gel & 1/4#/sk flocele as follows:

50 sx @ 1200' 15 sx in RH

40 sx @ 650' 10 sx in MH

10 sx @ 40'

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

Name of Plugging Contractor Duke Drilling Co., Inc. License No. 5929

Address P.O. Box 823 Great Bend, KS 67530

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 Larson

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

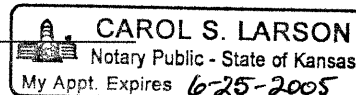
SUBSCRIBED AND SWORN TO before me this 31st day of October, 20 03

Carol S. Larson

Carol S. Larson

Notary Public

My Commission Expires: June 25, 2005



Form CP-4  
Revised 05-88