KANSAS CORPORATION COMMISSION CONSERVATION DIVISION WICHITA STATE OFF. BUILDING 130 S MARKET ROOM 2078 WICHITA KS 67202

RECEIVED

JUL 2 7 2004

KCC WICHITA

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

TYPE OR PRINT NOTICE: Fill out completely

and return to Cons. Div.

office within 30 days

API NUMBER	099 15-009-23555-00-c
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LEASE NAME Sale

WELL NUMBER _____30

468 Ft.from S Section Line

292 Ft.from E Section Line

LEASE OPERATOR H&S Oil Co.				SEC_23_TWP_32_RGE_17_(E)or(x)				
ADDRESS 900 East 3 rd St, Cherryvale, KS 67335					COUNTY	Labette		
PHONE # (620) 336-2368 OPERATORS LICENSE NO. 33105				Date Well Completed				
Character of Well				Plugging Commenced 06/25/04				
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed 06/25/04				
The plugging proposal was approved on(Date)								
by Allen Dunning (KCC District Agent's Name)								
Is ACO - 1 filed ? NA If not, is well log attached ? no								
Producing Formation	Bartlesville	Depth to top	p <u>+/- 609</u> B	ottom <u>+/-</u> 6	536 T.D.	684		
Show depth and thickn	ess of all water, oil an	d gas formations.						
OIL, GAS OR WATE		CASING RECORD						
Formation	Content	From	То	Size	Put in	Pulled out		
	, , , , , , , , , , , , , , , , , , ,	surf.	21'	7"				
Bartlesville	water	surf.	684'	open hole				
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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. Ran in 2" pipe to 650', circ. 9 bbls. gel and 15 sks of cement, pull pipe out to 250', circ. cement to surf. w/46 sks., pull pipe out, top off w/cement, well plugged. Total sks. cement – 61								
(if additional description is necessary, use <u>BACK</u> of this form.) Name of plugging contractor <u>Rick's Well Service</u> License No. 33422 Address P.O. Box 268, Cherryvale, KS 67335								
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: H&S Oil Co. STATE OF Kansas COUNTY OF Montgomery, ss. (Employee of Operator) or (Operator) of								
above - described we statements , and the same are true	matters herein con and correct, so	ntained and the lo	, says : That I og of the above (Signature	have knowlege described well have for the control of the control o	of the facts, as filed the character of the facts, as filed the character of the character			
My Commission Expires: 1-16-2006 Notary Public Form CP-4								

TEDDI ANNE MALLOY NOTARY PUBLIC STATE OF KANSAS