

API NUMBER 15-147-01009-0000

LEASE NAME Mont Sol

WELL NUMBER 4

_____ Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 12 TWP. 4 RGE. 19 (E) or (W)

COUNTY Phillips

Date Well Completed _____

Plugging Commenced _____

Plugging Completed _____

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

LEASE OPERATOR H & H Investments

ADDRESS P.O. Box 1433

PHONE: (785) 625-6636 OPERATORS LICENSE NO. 31668

Character of Well oil

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

The plugging proposal was approved on _____ (date)

by CARL GOODROW (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. _____

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 3/8"	208	
				5 1/2"	3390	

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 plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Sanded bottom. Boiled 5 sacks of Portland. shot at 2,026'. Pulled to 1,600'.

Name of Plugging Contractor Quality Well Service License No. 31925

Address 415 East Main Street, Sterling, Kansas 67579

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: H & H Investments

STATE OF _____ COUNTY OF _____, ss.

_____, (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 the the same are true and correct, so help me God.

(Signature) Best of Day

(Address) P.O. Box 1433, Hays, Ks

RECEIVED
 STATE CORPORATION COMMISSION

NOV 6 2000

SUBSCRIBED AND SWORN TO before me this 16th day of Oct., 2000

CONSERVATION DIVISION
 Wichita, Kansas

My Commission Expires: 6-23-2001

Eugene Kiliagwu
 Notary Public

USE ONLY ONE SIDE OF EACH FORM

EUGENE C. IKILIAGWU
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 6-23-2001

