

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**

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: MAI Oil Operations, Inc.
 Address: PO Box 33, Russell KS 67665
 Phone: (785) 483-2169 Operator License #: 5259
 Type of Well: SWD Docket #: D-21127
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
 The plugging proposal was approved on: _____ (Date)
 by: _____ (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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-051-22,934-00-00
 Lease Name: Engel
 Well Number: 8
 Spot Location (QQQQ): _____ - NE - SE - SE
990 Feet from North / South Section Line
330 Feet from East / West Section Line
 Sec. 21 Twp. 15 S. R. 18 East West
 County: Ellis
 Date Well Completed: _____
 Plugging Commenced: 09-01-04
 Plugging Completed: 09-02-04

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8 5/8	1144	
				5.5	3700	2060

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. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Checked hole sand at 3650', bailed 5 sacks cement, ripped pipe at 2220' & 2060', pulled to 1850', pumped 120 sacks & 3 hulls, pulled to 1200', pumped 40 sacks cement & 1 hull, pulled to 500', pumped 30 sacks & 1 hull, pulled to 200', circulated with 40 sacks.

RECEIVED

Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925
 Address: 401 West Main, Lyons, KS 67554
 Name of Party Responsible for Plugging Fees: Mai Oil Operations, Inc.
 State of _____ County, _____, ss.

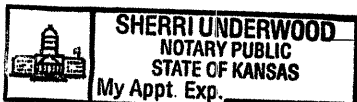
SEP 24 2004

KCC WICHITA

 (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) Allen Bangut
 (Address) _____

SUBSCRIBED and SWORN TO before me this 23 day of Sept, 2004



Sherril Underwood My Commission Expires: 10-30-04
 Notary Public

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