

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 15-007-21631 -00-00

LEASE NAME Gottsch-Petterson

WELL NUMBER 3

3078 Ft. from (N) S Section Line

1927 Ft. from (E) W Section Line

RECEIVED
OCT 28 2004
KCC WICHITA

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE OPERATOR Molz Oil Company

SEC. 14 TWP. 35S RGE. 12 (E) or (W)

ADDRESS 19159 SW Clairmont, Kiowa, KS 67070

COUNTY Barber

PHONE # 620-296-4558 OPERATOR'S LICENSE NO. 6006

Date Well Completed _____

Character of Well good

Plugging Commenced 9/27/2004

Plugging Completed 9/30/2004

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

The plugging proposal was approved on 9/27/2004

by Jim Holland (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4840 Bottom 4852 T. D. 4920

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 5/8	467	None
				5 1/2	4920	3300

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

9/27-set CIBP at 4700.....9/28- dump 2 sacks portland cement on plug with bailer, swab oil from casing
9/29 - stretch and cut and lay down 300' of 5 1/2.....9/30 - run tubing to 650', Allied load hole with 10 sacks gel spot 40 sacks cement, pull tubing to 500, spot 50 sacks, pull to 40', circulate to surface with 10 sacks 60/40 POZ, 6% gel
9/30 - top off with 3 yards redimix

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company

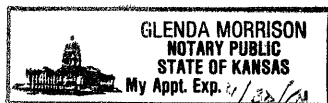
STATE OF Kansas COUNTY of Barber, ss.

John Swinford (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 filled that the same are true and correct, so help me God.

(Signature) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 25 day of October, 2004



Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

Handwritten initials