

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 15-025-00047 -00-00

LEASE NAME Campbell Unit MC

TYPE OR PRINT

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

WELL NUMBER 1

660 Ft. from N / S Section Line

660 Ft. from E / W Section Line

LEASE OPERATOR Quail Oil & Gas, LLC

SEC. 30 TWP. 34S RGE. 21 (E) or (W)

ADDRESS 109 Hampton Ct, Garden City, KS 67846

COUNTY Clark

PHONE # 620-277-2062 OPERATOR'S LICENSE NO. 33185

Date Well Completed 11/18/1959 ¹⁸ *KCC BEW REBOMS 11/18/04*

Character of Well Good

Plugging Commenced 10/18/2004

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

Plugging Completed 10/21/2004

The plugging proposal was approved on 10/18/2004 (date)

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

is ACO-1 filed? No If not, is well log attached? KCC has log

Producing Formation _____ Depth to Top 5526 Bottom 5540 T. D. 5749

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
				19"	249	None
				10"	588	None
				5 1/2	5749	2500

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.

Lay down 1 1/2 tubing, could not get CIBP past 5305', set at 5300', spot 2 sacks portland with dump bailer

10/20 - stretch and cut pipe at 2500', work loose, pull 1500' 10/21 - Allied load hole with 15 sacks jel, pump 30 sacks cement at 1000', pull to 700', pump 70 sacks cement, pull to 40', load to surface with 60/40 POZ, 6% jel

(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: Quail Oil & Gas, LLC

STATE OF Kansas COUNTY of Barber, ss.

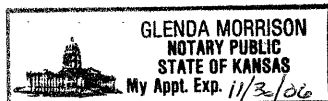
John Swinford (Employee of Operator) or (Operator) of above described well, being

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 5 day of November 2004



Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

RECEIVED
NOV 09 2004
KCC WICHITA *Bun*