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

OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117 Type or Print on the Form must be All blanks must be al

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

LARSON OPERATING COMPANY Lease Operator: A DIVISION OF LARSON ENGINEERING, INC.					API Number:15-1	59-22435-0000
Address: 562 WEST HIGHWAY 4 OLMITZ, KS 67564-8561				Lease Name: WHARTON TRUST		
Phone: (620) 653-7368 Operator License #: 3842					Well Number: 1-29	
Type of Well: D & A Docket #: (Oil, Gas, D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)					Spot Location (QQQQ): <u>SE</u> - <u>SW</u> - <u>SW</u>	
The plugging proposal was approved on:(Date)					500 Feet from North / South Section Line	
by: K C C - STEVE VAN GIESON (KCC District Agent's Name)					700 Feet from East / West Section Line	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Sec. 29 Twp. 18 S. R. 9 East West	
Producing Formation(s): List All (If needed attach another sheet)					County: RICE	
NONE Depth to Top: Bottom: T.D.					Date Well Completed:10/26/2004	
Depth to Top: Bottom: T.D			1	Plugging Commenced: 10/26/2004		
Depth to Top: Bottom: T.D				Plugging Completed: 10/26/2004		
Show depth and thickness	ss of all water, oil and gas	formations.				,
Oil, Gas or Water Records Casing Record (S					Surface, Conductor & Prod	uction)
Formation	Content	From	То	Size	Put In	Pulled Out
		SURF	314'	8-5/8"	10/18/2004	NONE
						<u> </u>
CEMENT PLUGS S		L PIPE (16	5 SX 60-40	POZ W/ 4% G	n), to (top) for each plug set GEL): 0'.	
Section Control of Con	C 2 - XIII					C WICHIS
Name of Plugging Contractor: SUMMIT DRILLING				License #:	30141	
Address: P.O. BOX 2	2004 EMPORIA, KS 6	6801-2004				
Name of Party Responsi	ble for Plugging Fees:	LARSON (OPERATING	COMPANY,	A DIVISION OF LARS	ON ENGINEERING, INC.
State of KAN	SAS County,_	ВА	RTON	, ss.		
	THOMAS G. FERT	AL ·		(Employee of (Operator) or (Operator) on	above-described well, being first duly
sworn on oath, says: Th same are true and correct	at I have knowledge of the		ents, and matte	` ' '	. , , , ,	ove-described well is as filed, and the
		(Address)	562 WES	T HIGHWAY	4 OLMITZ, KS 675	64-8561
LAURA E. NOTARY	ALARIBCRIBED and PUBLIC	SWORN TO L	pefore me this_	. 1	DECEM Iy Commission Expires:	BER , 2004 03/28/2005
STATE OF C	ULURADO /	Notary P				, ,
My Cammiesion Ex	pires 03/28/2005 Mail to: KCC – Cor	servation Div	vision, 130 S. I	Market – Roon	n 2078, Wichita, Kansas	67202