

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-~~20770~~-00-01 ²⁰⁷⁷⁰

LEASE NAME Gottsch-Petterson OWWO

WELL NUMBER 2

2210/1980 Ft. from N S Section Line <sup>KCC
SEMS
1-12-05
RSDMS
CP 2/3</sup>

232/1980 Ft. from E W Section Line

RECEIVED

OCT 28 2004

KCC WICHITA

LEASE OPERATOR Molz Oil Company

ADDRESS 19159 SW Clairmont, Kiowa, KS 67070

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

Character of Well good

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

The plugging proposal was approved on 9/23/2004 (date)

by Steve Durant (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4840 Bottom 4868 T. D. 4918

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	323	None
				5 1/2	4918	2800

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.

9/23-lay down rods and tubing, set CIBP at 4700, dump 2 sacks portland with bailer
9/24-swab oil from casing, stretch and cut pipe at 2800.....9/27 - lay down 5 1/2 run 600' tubing, Allied load hole with 10 sacks gel, spot 40 sacks cement, pull tubing to 350', spot 50 sacks, pull to 40', circulate to surface with 10 sacks 60/40 POZ, 6% gel
9/28 - fill 28' sand

(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.

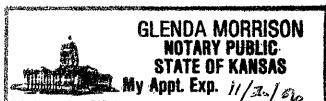
John Swinford (Employee of Operator) or (Operator) of above described well, being first

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