

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 15-007-21632-00-00

LEASE NAME Gottsch-Petterson

WELL NUMBER 4

1751 3720 Ft. from NIS Section Line *KCC BEW BEAMS CP213*

604 520 Ft. from E1 W Section Line *1-12-05*

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

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 9/30/2004 (date)

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

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

Producing Formation Miss Depth to Top 4843 Bottom 4906 T. D. 4925

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	346	None
				5 1/2	4925	3250

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.

9/30-set CIBP at 4700, dump 2 sacks portland with bailer

10/1-stretch and cut pipe at 3250, lay down 5 1/2

10/4 - run 600 tubing, Allied load hole with 10 sacks gel, spot 50 sacks cement, pull tubing to 370, spot 40 sacks, pull to 40', circulate to surface with 10 sacks 60/40 POZ, 6% gel

(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

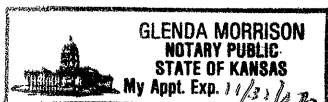
STATE OF Kansas COUNTY of Barber, ss.

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

pm