STATE OF KANSAS STATE CORPORATION COMMISSION 130 South Market Room 2078 Wichita, Kansas 67202

WELL PLUGGING RECORD K.A.R. 82-3-117

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

API NUMBER	15-033-21029	00-00

LEASE NAME	Acres		
WELL NUMBER	2-21		

Ft. from N / Section Line 2310 Ft from F (W Section Line

1900

							,,, <u>L</u> ,,,,	
LEASE OPERAT	FOR <u>CLX Oil & G</u>	as, LLC	4	SEC2′	1_ TWP. <u>32S</u> _ F	RGE. <u>18</u> (E) or W	
ADDRESS_518 17 th St., Suite 745, Denver, CO 80202				COUNTY	COUNTY Comance			
PHONE # 303 825-7080 OPERATOR'S LICENSE NO. 33455				5 Date Well	Date Well Completed 9/16/1999			
Character of Well <u>Good GoS</u>				Plugging (Plugging Commenced <u>4/18/2005</u>			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Plugging (Plugging Completed4/202005			
The plugging pro	posal was appro	ved on <u>4/15/20</u> 0	05				(date)	
by Richard La	асеу				(KCC Dis	strict Agent's	,	
is ACO-1 filed?	<u>∕es</u> If not, is v	vell log attached?				J		
	ation	_		Botto	m <u>5101</u> T.	D. 5130	KCC	
Show depth and	thickness of all w	ater, oil and gas		CASING RI		5440	5-19-0 RBDMS	
Formation	Content	From	То	Size	Put in	Pulled out		
				13 3/8	80	None		
				8 5/8	671	None		
				5 1/2	5420	3200		
roducing it into the each set. Pull tubing, set Cl And lay down cas	he manner in which he hole. If cement or the hole is a second sec	o 2 sacks cement withing to 1150', load	ith dump bailer 4	acter of same and children and children and children by sacks cen	eut off casing @ 32	o feet to _ 00', pull	in in- feet	
(If additional descrip	tion is necessary, use	BACK of this form.)		**************************************			***************************************	
Address P.O. E	g Contractor Box 187, 107 W. F Y RESPONSIBLI	owler, Medicine	Lodge, KS 67104		License No. <u>51</u>	05		
STATE OF <u>Kans</u>	sas	COUNTY	of <u>Barber</u>		, ss.			

GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 11/30/02

described well as filled that the same are true and correct, so help me God.

John Swinford

first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-

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

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

SUBSCRIBED AND SWORN TO before me this __16 May 2005

My Commission Expires: November 30, 2006

MAY 1 9 2005