

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

RECEIVED

AUG 05 2005

KCC WICHITA

Form CP-4

December 2003

Type or Print on this Form

Form must be Signed

All blanks must be Filled

Lease Operator: Quality Well Service, Inc.

Address: 401 W Main, Lyons, KS 67554

Phone: (620) 727-3410 Operator License #: 31925

Type of Well: Oil Docket #: SWD-D-20-260
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Is ACO-1 filed? Yes No If not, is well log attached? Yes No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-007-218820001

Lease Name: Marsh

Well Number: 1-8

Spot Location (QQQQ): C - SE - NE -

3205 3300 Feet from North / South Section Line

790 660 Feet from East / West Section Line

Sec. 8 Twp. 32 S. R. 15 East West

County: Barber

Date Well Completed: _____

Plugging Commenced: 07-19-05

Plugging Completed: 07-21-05

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8 5/8	418	
				4 1/2	4407	3450

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plug at 4100', baled 4 sacks cement, ripped pipe at 3450', pulled to 900', pumped 12 gel & 50 sacks
cement, pulled to 430', pumped 50 sacks, pulled to 40', pumped 10 sacks.

Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925

Address: 401 West Main, Lyons, KS 67554

Name of Party Responsible for Plugging Fees: Quality Well Service, Inc.

State of _____ County, _____, ss.

(Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God.

(Signature) Jan Mc

(Address) 401 W Main Lyons KS 67554

BARBARA R. DEMEL
Notary Public - State of Kansas
My Appt. Expires 4-7-07

SCRIBED and SWORN TO before me this 1st day of August, 2005

Barbara R. Demel My Commission Expires: 4-7-07
Notary Public

Bm