

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

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

Lease Operator: Scott's Well Service, Inc.
Address: P.O. Box 136 Roxbury, Ks. 67476-0136
Phone: (785) 254-7828 Operator License #: _____

API Number: 15-169-00639-00-00
Lease Name: Ostenberg

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

Well Number: 4

The plugging proposal was approved on: _____ (Date)

Spot Location (OOQQ): _____ - SW - NW - SW
1650 Feet from _____ North / South Section Line KCC
330 Feet from East / West Section Line BEM
8-3-05
Sec. 30 Twp. 15 S. R. 3 East West
GPS
CP 2/3

by: Greg Even (KCC District Agent's Name)

County: Saline

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

Date Well Completed: 10-28-52

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

Plugging Commenced: 7-11-05

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

Plugging Completed: 7-15-05

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

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

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	Pul In	Pulled Out
				8-5/8"	337'	None
				5-1/2"	3399'	500'

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 _____ feet to _____ feet each set.
Plugged off bottom with sand to 3000' and 5 sacks cement. Cut casing loose @500', bailed fluid to 410' and ran 6 yards of slurry mix from 410' to surface. Plugging Complete.

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529

Address: P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Scott's Well Service, Inc.

State of Kansas County, Rice, ss.

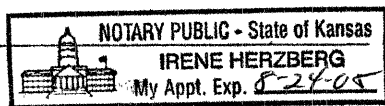
Mike Kelso (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P.O. Box 467 Chase, Kansas 67524

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

Irene Herzberg My Commission Expires: _____
Notary Public



Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
AUG 03 2005
KCC WICHITA