

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, Kansas 67202-3802

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

API NUMBER 15-007-19028-00-01

LEASE NAME Marsh B

WELL NUMBER 1 OWWO

330 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 9 TWP. 32 RGE. 15 ~~XXXX~~ (W)

COUNTY Barber County, Kansas

Date Well Completed _____

Plugging Commenced 08-15-05

Plugging Completed 08-15-05

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

AUG 25 2005

KCC WICHITA

Larson Operating Company

LEASE OPERATOR A Division of Larson Engineering Inc.

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE#(620) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well D&A

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

The plugging proposal was approved on 08-15-05

(date)

by Steve Pfeifer

(KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 974'

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

Describe in detail the manner in which the well was 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 and depth placed, from ___ feet to ___ feet each set

1st Plug: 940' w/50 sacks cement through drillpipe

2nd Plug: 280' w/50

3rd Plug: 40' w/10 Rathole w/15 Mousehole w/10

Name of Plugging Contractor Duke Drilling Co., Inc.

License No. 5929

Address PO Box 823 Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company

STATE OF _____ COUNTY OF _____, ss.

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 filed that the same are true and correct, so help me God.

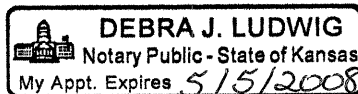
(Signature) Thomas Larson

(Address) 562 W. STATE RD 4, OLMITZ, KS 67564

SUBSCRIBED AND SWORN TO before me this 24th day of August, 19 05

Debra J Ludwig
Notary Public

My Commission Expires: 5/5/2008



Form CP-4
Revised 05-88

Bm