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

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

K.A.R. 82-3-117

Lease Operator: Hess C	il Company	API Number: 15 - 165-21777-00-00				
Address: P. O. Box 1009, McPherson, KS 67460					Lease Name: Judy	
Phone: (620) 241 -4640 Operator License #: 5663					Well Number:	
Type of Well: D&A Docket #:					Spot Location (QQQQ): Appx - W2 - SE - NE	
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Ocket #: (If SWD or ENHR)					1850 Feet from V North / South Section Line	
The plugging proposal was approved on:(Date)					880 Feet from Feast / West Section Line Sec. 3 Twp. 19 S. R. 20 East West County: Rush Date Well Completed: 7-10-05 Plugging Commenced: 7-10-05	
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				T.D	Plugging Commenced: 7-10-05	
Depth to Top: Bottom: T.D				T.D		
Show depth and thickness of	f all water, oil and gas	formations.		<u> </u>		
Oil, Gas or Water Records Casing Record (Su					Surface Conductor & Production)	
Formation	Content	From	То	Size	Put In	Pulled Out
Surface		204'	0'	8-5/8"	204'	none
		-				
		1				
hole. If cement or other pluged with 205 s	gs were used, state the acks 60/40 pozr	character of	same depth gel, 1/4#	placed from (botto	om), to (top) for each ack as follows:	
Name of Plugging Contracto			2 0710		License #: 49	SEP 2 2 2005 KCC WICHITA
Address: P. O. Box						KC 2300
Name of Party Responsible				ny		- CVVIC
State of Kansas County, McPherson , ss.						
Bryan Hess, Presid	lent			(Employee of	Operator) or (Operator	or) on above-described well, being first duly
sworn on oath, says: That I l	have knowledge of the	facts stateme	ents, and ma			e above-described well is as filed, and the
NOTARY PU STATE OF KAN Carol A. N My Appt Expires 6-1-0	IBLIC ISAS ickel	(Signature)_ (Address)_ S	<i>∌Ô</i> , ame	mar He	l 	
SUBSCRIBED and SWORN TO before me this 21st day of September , 20 05						
My Commission Expires: 6-1-09 Notary Public						