RECEIVED

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission OCT 1 3 2005 Oil & Gas Conservation Division

December 2003

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

KCC WICHITAPE or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: VJI Natural Resources Inc.					AF	API Number: 15 145-21 514-00 - 00		
Address: 30-38 48th St., Astowia, New York 11103					Lease Name: Snodgrass			
Phone: (785) 625-8360 Operator License #: 30420					Well Number: #1			
Type of Well: D & A Docket #:					Spot Location (QQQQ): $-\frac{S\frac{1}{2}}{S^{\frac{1}{2}}} - \frac{S\frac{1}{2}}{S^{\frac{1}{2}}} - NE$			
					2310 Feet from X North / South Section Line			
The plugging proposal was approved on: 4-18-05 (Date)					1320 Feet from X East / West Section Line			
by: (KCC District Agent's Name)					Sec. 3 Twp. 20 S. R. 19 East X West			
Is ACO-1 filed? X Yes No If not, is well log attached? Yes No					County: Pawnee			
Producing Formation(s): List All (If needed attach another sheet)						Date Well Completed: 4-18-05		
Depth to Top: Bottom: T.D					Plugging Commenced: 4-18-05			
Depth to Top: Bottom: T.D					Plugging Completed: 4-18-05			
Depth to Top: Bottom: T.D					Flugging Completed.			
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)			
Formation	Content	From	То	Size		Put In	Pulled Out	
Surface				8 5/81	11	1019'	-0-	
1st Plug at 10 2nd Plug at 6	ngs were used, state the 050' with 50sl 600' with 30sl	character of cs cemen cs cemen	same depth pla t	aced from (botto	om), t	o (top) for each plug		
3rd Plug at	40' with 10sl	s cemen	t, Plug	rat hole	Wi	th 15 sks ce	ment.	
American Eagle Drilling Name of Plugging Contractor: Acid Services, I.I.C. License #: 33493								
	44 NE Hiway 61							
Name of Party Responsible	for Plugging Fees: V	II Natur	al Resou	rces Inc.	•			
State of New York	County,		W-T	_ , ss.				
	Jason Dinges			(Employee of	Oper	ator) or (Operator) on	above-described well, being first duly	
sworn on oath, says: That I		acts statemer	nts, and matter	s herein contain	ned, a	and the log of the abo	ove-described well is as filed, and the	
same are true and PRISTINE NOTARY STATE OF My Appt. Exp.	FKANSAS	Signature)	Sun 584 Smok	ey Hill F	Rive	er R d., Hays	, Ks. 67601	
	SUBSCRIBED and SV	VORN TO be	fore me this	10 day of _		OCTOBER	, 20 05	
	Pristu	no x	1 1 1					
Motary Public My Commission Expires: 10 12 06								