

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

OCT 13 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: JOHN ROY EVANS

Address: P O BOX 385 CLAFLIN KS 67525

Phone: (620) 587-3565 Operator License #: 7030

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

The plugging proposal was approved on: 9/26/05 (Date)

by: DOUG LOIUS (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: 15-053021103-00-00

Lease Name: BECK

Well Number: 7

Spot Location (QQQQ): C - SE - SE - SW
350 Feet from North / South Section Line

1950 Feet from East / West Section Line

Sec. 30 Twp. 17 S. R. 10 East West

County: ELLSWORTH

Date Well Completed: 10-07-99

Plugging Commenced: 9-26-05

Plugging Completed: 9-28-05

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	342	None
				5 1/2	3285	2430

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.

SANED TO 2975 BAILED 5 SXS RIPPED PIPE 2610 2430 PULLED TO 1325 PUMPED 35 SXS PULLED TO 950 ALLIED PUMPED 35 SXS PULLED TO 390 CIRC WITH 120 SXS 60/40 4%GEL

Name of Plugging Contractor: QUALITY WELL SERVICE License #: 31925

Address: 401 W MAIN LYONS KS 67554

Name of Party Responsible for Plugging Fees: JOHN ROY EVANS

State of Kansas County, BARTON, ss.

John Roy Evans (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) John Roy Evans

(Address) Box 385 Claflin, Ks 67525



Diane R. Ney My Commission Expires: 7-30-07
Notary Public

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