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 NOV 0 3 2005

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

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

Lease Operator: L.D. Drilling, Inc.			API Number: 15 - 1	85-22,257- <i>00-00</i>
Address: 7 SW 26th Ave. Gt. Bend, Ks. 67530			Lease Name: Alpers	
Address:			Well Number:	
Phone: Operator License #:			į.	n: <u>SW - NW - NE</u>
Type of Well: Docket #: Docket #: (II SWD or,ENHR)			į	X North / South Section Line
The plugging proposal was approved on:(Date)				East / X West Section Line
by: Steve Pfiefer(KCC District Agent's Name)			{ · ·	S. R. 11W East West
Is ACO-1 filed? Yes No If not, is well tog attached? Yes No			County: Staff	
Producing Formation(s): List All (If needed attach another sheat)			Date Well Completed:	10 10 0
Depth to Top: Bottom: T.D.			Plugging Commenced	10-18-05
Depth to Top: Bottom: T.D.			Plugging Completed:.	10-19-05
Depth to Top: Boltom: T.D. Plugging Completed.				
Show depth and thickness of all water, oil and gas formations.				
Oil. Gas or Water Records			Surface Conductor & Produ	Pulled Oul
Formation Content		; Size	Put In	
			260 '	None
·,		5-1/2"	3641'	2200'
-	:	!		1
	4		Agentin agenting i puppingasaan siste () aagentin oo too too too too too too too too too	,
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				
Pulled up to 290, pumped 50 sacks cement, pulled up to 40' and circulated				
35 sacks cement to sur				
Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #:				
Address: P.O. Box 467 Chase, Kansas 67524				
Name of Party Responsible for Plugging Fees:	L.D. Drilli	ng, Inc		
State of Kansas County.	Rice	SS.		
Mike Kelso (Employee of Operator) or (Operator) on above-described well, being first duly				
swom 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)	20	Len	
(Address) P.O. Box 467 Chase, Kansas 67524				
SUBSCRIBED and SWORN TO before me this 31st day of October . 20 05				
Segue Jenguera My Commission Expires: NOTARY PUBLIC - State of Kansas				
į	Notary Public			IRENE HERZBERG My Annt Fxn 52409