

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-065-22416-00-00

LEASE NAME DAVIS

WELL NUMBER #2

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

630 Ft. from S/W Line of Section (circle one)

330 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR A & A PRODUCTION

SPOT LOCATION SE - SE - SE

ADDRESS PO BOX 100

SEC. 29 TWP. 7 S. RGE 22 (S) or (W)

CITY, STATE, ZIP HILL CITY KS 67642

COUNTY GRAHAM

PHONE#(785) 421-6266 OPERATORS LICENSE NO. 30076

Date Well Completed _____

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

Date Plugging Commenced 5-2-01

Date Plugging Completed 5-2-01

The plugging proposal was approved on 5-2-01 (date)

by CARL GOODROW (KCC District Agent's Name)

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

Producing Formation(s) _____ Depth to Top _____ Bottom _____ T.D. _____

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	PULL OUT
				8 5/8	210	0
				5 1/2	3910	0

Described 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.

Dug down 5 feet. 5 1/2 was staged 2. Cut 8 5/8 and 5 1/2 off. Filled with 11 yards of cement to surface. Cut off 5 feet below surface. Place cap on top.
Back filled and level.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor A & A PRODUCTION

License No. 30076

Address PO BOX 100 HILL CITY KS 67642

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A & A PRODUCTION

STATE OF KANSAS COUNTY OF GRAHAM, ss.

ANDY ANDERSON (Employee of Operator or (Operator) of 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) [Signature]

(Address) PO BOX 100 HILL CITY KS 67642

Subscribed and sworn to before me this 14th day of MAY, 1901

RITA A. ANDERSON
Graham County, Kansas
My Appt. Exp. January 21, 2004

[Signature]
Notary Public

KANSAS RECEIVED
CORPORATION COMMISSION
MAY 16 2001
CONSERVATION DIVISION
5/16/01

BJ-TITAN SERVICES COMPANY

CUSTOMER COPY

DATE OF JOB
MM DD YY
4 11 88

CONTRACT NO.
382863

DIRECT CORRESPONDENCE TO: PO. BOX 4442 HOUSTON, TX 77210	TERMS: NET 30 DAYS FROM DATE OF CONTRACT	REMIT TO: PO. BOX 200416 HOUSTON, TX 77216
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ORDER NO.

CUSTOMER			
NAME <i>A & A Discovery</i>	NO.		
ADDRESS <i>Box 156</i>			
CITY <i>Hill City</i>	STATE <i>Ks</i>	ZIP CODE <i>67642</i>	
AUTHORIZED BY <i>Wynne Anderson</i>			

DESCRIPTION OF WELL				
WELL NO. <i>2</i>	OIL GAS	NEW OLD	STATE <i>Kansas</i>	CODES <i>1</i>
LEASE NAME <i>James A</i>		COUNTY/PARISH <i>Wichita</i>		
FIELD NAME		CITY		
OWNER <i>A & A Discovery</i>		MTA DISTRICT		
LEASE LINES				
SURVEY LINES <i>Res. Mar. for E. & G.</i>				
SURVEY <i>Truck 2034 Deans - 2036 Max</i>				
DIRECTIONS TO LOCATION <i>2 N 2 W Hill City</i>				
SECTION, TOWNSHIP, RANGE <i>29 7 22</i>				
QUADRANT				

JOB INFORMATION		ROUND TRIP MILES						
ARRIVED		RELEASED						
HH <i>11:00</i>	MM <i>00</i>	MM <i>4</i>	DD <i>4</i>	YY <i>88</i>	HH <i>9:30</i>	MM <i>00</i>	DD <i>4</i>	YY <i>88</i>
JOB CODE <i>0124</i>	TYPE OF JOB <i>Port Collar</i>	API OR IC NO.						
AVG. PSI <i>500</i>	BUSINESS CODE	INJ. RATE (BPM) <i>2</i>	WORKING WELL DEPTH <i>1766</i>					

DIST. NO. <i>3370</i>	DISTRICT NAME <i>Hays, Kans.</i>	SLSMAN NO.
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CONTRACT CONDITIONS

This contract must be signed before the job is started or merchandise delivered. The undersigned is authorized to execute this contract as an Agent of the Customer. As such, the undersigned acknowledges that this contract for services, materials, products and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional substitute terms and/or conditions shall become a part of this contract without the written consent of an Officer of BJ-TITAN SERVICES COMPANY.

SIGNED: *Wynne Anderson*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

PRICE BOOK REF. NO.	SERVICES/MATERIAL	U/M	QUANTITY	PRICE	EXTENSION
01 10102115	Pump truck, Chg.	E	1766	879.00	879.00
02 10109005	Pump truck, Mfg. (both ways)	M.	40	1.10	88.00
03 10410504	Cook. comm.	Q	163	5.30	863.90
04 14415018	Posmix	Q	162	2.61	422.82
05 10420145	Gel	S	19.35	6.75	130.61
06 10430585	Barium head painted did not use	E	1	60.00	60.00
07 10980085	Handling & Dumping	S	375	.95	356.25
08 10940101	Handling - 17.1 tons 40m	T.M.	684.0	.70	478.80
09	Sub Total				3219.38
10	Disc				482.71
11	Sub Total				2736.67
12					
13					
14					
15					
16					

APR 18 1988
4/18/88
CORPORATE DIVISION
Wichita, Kansas

SERVICE REPRESENTATIVE <i>Dick Ross</i>	PR. BOOK <i>07</i>	The above material and service ordered by the Customer and received by: <i>Wynne Anderson</i> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
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CHECK IF CONTINUATION USED

THIS IS NOT AN INVOICE. THIS CONTRACT IS SUBJECT TO REVIEW AND CORRECTION BY OUR ACCOUNTING DEPT.

BAKER SERVICE TOOLS

A DIVISION OF BAKER OIL TOOLS, INC.
P.O. BOX 40129, HOUSTON, TEXAS 77240

SALES & SERVICE INVOICE

REMIT TO: BAKER SERVICE TOOLS P.O. BOX 200415 HOUSTON, TEXAS 77216
TERMS: NET 30 DAYS FROM DATE OF INVOICE

FORM BSB-20 (REV. 4/78) S.S.I. NO.

538-68601

DATE ISSUED: **04-11-88** SHIPPED FROM (DISTRICT): **Hill City, Kansas**

TO: **A & H Discovery Inc**
Box 156
Hill City, Kansas 67642

SHIP TO: **Dravis**

WELL NO.: **A2** FIELD: **Carahan** STATE: **Kansas**

PURCHASE ORDER NUMBER: **2011** REQUISITION NUMBER: **29** JOB CODE: **29** STATE TO: **KS** COUNTY TO: **Carawan** TERRITORY: **KS** CUSTOMER CODE: **ARC** PROJECT CODE: **BY** SHIP VIA: **Over Delivery** DATE SHIPPED: **04/11/88**

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	PRODUCT NO. / PARTS	TAX CODE	REV. CODE	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	677-01-4620	Service w/No 458 Model "C" Retrievable Bridge R49 - Setting Depth 1895' First 3hr Period				40	1074.00	25% 805.50
02	1		Rental of 5/8 Actuating Tool					350.00	25% 262.50
<p>DO NOT PAY FROM THIS COPY YOU WILL BE INVOICED</p>									
<p>2</p>									
<p>TAX</p>									

SIGNED FOR BAKER SERVICE TOOLS
K. Humble
REPRESENTATIVE

I certify that the above materials or services have been received on the terms and conditions set forth on the reverse side hereof, which the undersigned has read and understood, that the basis for charges is correctly stated and that I am authorized to sign this memorandum as agent of owner of contractor.
AGENT OF OWNER OR CONTRACTOR: *David A. ...*
(NAME IN FULL)

CHECKED BY: *[Signature]* CODED BY: *[Signature]*
TOTAL: **1068.00**

CHARGES ARE SUBJECT TO CORRECTION BY OUR INVOICING DEPARTMENT IN ACCORDANCE WITH LATEST PRICE SCHEDULES AND THE ADDITION OF APPLICABLE STATE AND LOCAL SALES/USE TAX IF NOT LISTED ABOVE.