

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
02-06-06
FEB 06 2006
KCC WICHITA

Form CP-4

December 2003

Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: QUALITY WELL SERVICE

Address: 401 W MAIN LYONS KS 67554

Phone: (620) 727-3410 Operator License #: 31925

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: 1/15/06 (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)

MISSISSIPPI Depth to Top: 3376 Bottom: 3383 T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-159-03992-00-00

Lease Name: LEONARD

Well Number: 2

Spot Location (QQQQ): _____ - NE - SE - SW
990 Feet from ☐ North / ☒ South Section Line

2310 Feet from ☒ East / ☐ West Section Line

Sec. 2 Twp. 21 S. R. 7 ☐ East ☒ West

County: RICE

Date Well Completed: 11/1/46

Plugging Commenced: 1/16/06

Plugging Completed: 1/18/06

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

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.

SANDED BOTTOM TO 3330 BAILED 5SXS PULLED 1350" 5 1/2 TO 1050 PUMPED 35 SXS 60/40 4% 100# HULLS

PULLED TO 600 PUMPED 35 SXS 100# HULLS PULLED TO 200" CIRCULATED WITH 70 SXS

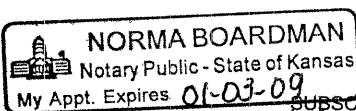
Name of Plugging Contractor: QUALITY WELL SERVICE License #: 31925

Address: 401 W MAIN LYONS KS 67554

Name of Party Responsible for Plugging Fees: QUALITY WELL SERVICE

State of KANSAS County, Rice, ss.

_____, (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) [Signature]
(Address) 602 S CLARK LYONS KS 67554

SUBSCRIBED and SWORN TO before me this 4th day of February, 20 06
Norma Boardman My Commission Expires: 01-03-09
Notary Public

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202