

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

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: William T. Wax
Address: P. O. Box 276 McCune, KS 66753
Phone: (620) 724-3400 Operator License #: 3473
Type of Well: D&A Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: _____ (Date)
by: _____ (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)
NONE Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - 021-20249-00-00
Lease Name: Freeman
Well Number: 1
Spot Location (QQQQ): _____ - _____ - N2 - NW
660 Feet from North / South Section Line
1320 Feet from East / West Section Line
Sec. 26 Twp. 32 S. R. 23 East West
County: Cherokee
Date Well Completed: 01/15/02
Plugging Commenced: 03/12/02
Plugging Completed: 03/12/02

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
NONE		0'	20'	6-1/2"	20'	0'

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.

Ran 1" pipe to bottom @ RTD 341' and filled 5-5/8" hole with 43 sacks portland cement. Cement circulated.

Name of Plugging Contractor: Co. Tools License #: _____

Address: _____

Name of Party Responsible for Plugging Fees: Operator

State of Kansas County, Crawford, ss.

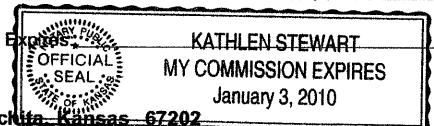
Operator (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) [Handwritten Signature]

(Address) _____

SUBSCRIBED and SWORN TO before me this 9th day of March, 20 06

Kathleen Stewart My Commission Expires _____
Notary Public



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

RECEIVED
MAR 13 2006
KCC WICHITA

[Handwritten mark]