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: Sky Oil, L.L.C.					API Number: 15 - 133-24-426 - 00 - 00		
Address: PO Box 51					Lease Name:		
Phone: (620 ) 449 - 2276 Operator License #: 32532					Well Number: 23		
Type of Well:  Oil  Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Operator License #:  Docket #:  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)					Spot Location (QQQQ): SW- SE - NE - NE - NE - 4125 Feet from North / South Section Line		
The plugging proposal was approved on:(Date)					495 Feet from Fast / West Section Line		
by:(KCC District Agent's Name)					Sec. 22 Twp. 29 S. R. 21		
Is ACO-1 filed? Yes	No If not, is w	ell log attached	i? Yes	No	County: Neosho		uai [ wesi
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 1984		
Peru Depth to Top: 187 Bottom: 202 T.D. 202					Plugging Commenced: 10/22/2005		
Depth to Top: Bottom: T.D					Plugging Completed: 10/22/2005		
	Depth to Top:	Bottom	:T.	D	Plugging Completed:		
Show depth and thickness	of all water, oil and gas	formations.			,		
Oil, Gas or Water Records					Surface Conductor & Production)		
Formation	Content	From	То	Size	Put In	Pulled Out	·
		surface	20'	7"			
		surface	187'	2 7/8			
	-						PTP1 PTP 1
Describe in detail the mann hole. If cement or other pla Ran 1" to 190 feet, c	ugs were used, state the	character of s	ame depth pla	aced from (bott	om), to (top) for each pl		ED
						JAN 2 0	2006
Name of Plugging Contract	or: Sky Oil, LLC	**************************************			License #: 325	32	E KS
Address: PO Box 51	St. Paul, KS					CHANUT	E, No
Name of Party Responsible for Plugging Fees:					RECEIVED		
State of	County,	NO		_ , SS.		MAR 1 3 2006	
	OHN O	12a~5 K	<b>X</b>	_ (Employee of	Operator) or (Operator)	on above described well b	eing first duly
sworn on oath, says: That I same are true and correct,	so help me God.	facts statement	s, and matter	s herein contain	ned, and the log of the a	above described well is las	ffled, and the
		(Address)		. 1			
			110 tino 1	3HL day of _	Lanuar	<i>f</i>	2006
	A.	OTARY PUBLIC	- State of Kan	sas My	Commission Expires:	3-19-08	
		<i>Notar<b>PALI</b>LL</i> Ty Appt. Expires			-		
				Market - Roo	m 2078, Wichita, Kans	sas 67202	