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: YJI Natural Resources Inc.						API Number: 15 145-21533-00-00			
Address: 30-38 48th St., Astoria, New York 11103					Leas	Lease Name: Smith			
Phone: (785) 625-8360 Operator License #: 30420						Well Number: 3			
					Spot Location (QQQQ): $-\frac{W_2^1}{2} - \frac{E_2^1}{2} - \frac{W_2^1}{2}$				
Type of Well: D & A Docket #:					j	2640 Feet from North / X South Section Line			
The plugging proposal was approved on: 11-08-05 (Date)					ı	1600 Feet from East / X West Section Line			
by: Mr. Lacy (KCC District Agent's Name)					ł .	_	_s. R. <u>19</u>		
Is ACO-1 filed? X Yes No If not, is well log attached? Yes No					1	•			
Producing Formation(s): List All (If needed attach another sheet)					1	Date Well Completed: 11-08-05			
Depth to Top: Bottom: T.D					1	Plugging Commenced: 11-08-05			
Depth to Top: Bottom: T.D					I	Plugging Completed: 11-08-05			
Depth to Top: Bottom: T.D					Plug	Plugging Completed: 11-00-07			
Show depth and thickness	of all water, oil and gas	formations.							
						Surface Conductor & Production)			
Formation	Content	From	То	Size		Put In	Pulled Out		
Surface		0	654	8 5/8	ff	654	-0-		
				ļ					
Describe in detail the mann hole. If cement or other place at Plug set at 2nd Plug set at	ugs were used, state the	character of	same depth pla ent						
3rd Plug set at 60' with 20sx Cement								6-16-06	
Plug rat hole with 15sx Cement-Plug Mouse hole with 10sx Cement Percha/3									
Name of Plugging Contract	or: Acid Servic	t Energ es, IIC	y Limiter	d Liabili	ity c	CO. License #: 33L	136 RECE	IVED	
Address: 10244 N							JUN 1	4 2006	
Name of Party Responsible for Plugging Fees: VJI Natural Resources Inc.								ICHITA	
State of New York	County,			_ , ss.					
•	son Dinges		······	_ (Employee of	Operate	or) or (Operator) on	above-described well,	being first duly	
sworn on oath, says: That I		facts stateme	nts, and matters	s herein contair	ned, and	d the log of the abo	ve-described well is as	s filed, and the	
NOTAR STATE C	F KANSAS (Signature)	Jan	2-3-			·····		
My Appt. Exp.	1072-06	Address)/	584 517	OKEY It	ILL F	RIVER Rd,	HAYS, KS	67101	
	SUBSCRIBED and SI							20 06	
	Christis	Notary Pul	thlife	elMy	Commi	ssion Expires:	0-12-06		

