Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission RECEIVED OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

JUN 2 2 2006

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

KCC WICHITA

Lease Operator: H & B Petroleum Corporation					API Number: 15 - 097-20-049 - 00 -00		
Address: PO Box 277, Ellinwood, Kansas 67526-0277					Lease Name: Sealey A		
Phone: (620) 564 - 3002 Operator License #: 32158					Well Number:		4 88%
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) The plugging proposal was approved on: 07-08-2005 (Date)					Spot Location (QQQQ):		
				(Date)	Feet from	m East / We	
by: David Williams	3		(KCC Distric t	t Agent's Name)		30 s. R. 19	East West
Is ACO-1 filed?	es No If not, i	is well log attached	i? Yes	No No	County:		
Producing Formation(s): List All (If needed attach another sheet) Mississippi Depth to Top: 5076 Bottom: 5088 T.D. 5210 Depth to Top: Bottom: T.D. T.D. T.D.					Plugging Completed: 06-09-2006 Plugging Completed: 06-13-2006		
Show depth and thickne	ess of all water, oil and				<u> </u>		
	r Water Records	gao ionnatione.		Casing Record (Surface Conductor & Pr	roduction)	
Formation	Content	From	То	Size	Put In	Pulled Out	
Mississippi	Oil & Gas	Surface	386	8 5/8	386	None	CCPC
		Surface	5205	4 1/2	5205	2250 2200	CC 12-06/3
							perc
hole. If cement or othe Set CIBP @ 5020. Run	r plugs were used, state	the character of s	same depth p	placed from (botto gell w/ 10 sks hu	om), to (top) for each	nd or methods used in intro n plug set. ks. 1200' Pump 50 sks. 41	10' Pump 50 sks.
Name of Plugging Cont	X+reme ractor: Allied Cementing	Well Se	roice,	The	License #:	33369	6-22-06 PercPZL
Address: PO Box 3	1, Russell, Kansas	67665					
Name of Party Respons	sible for Plugging Fees:_	H & B Petrole	eum Corpo	oration	to considerate the second		
State of Kansas	County	Barton		, ss.			
Al Hammersmith				(Employee of	Operator) or (Operator	or) on above-described w	ell, being first duly
sworn on oath, says: Th same are true and corre		the facts statemen	ts, and matte			ne above-described well is	
	State of Kansas PARTRIDGE 91-93-2019	(Signature) (Address)PC) Box 277, E	Ellinwood, Kans	as 67526-0277		
	SUBSCRIBED and	d SWORN TO bef	ore me this _	21stday of _	June		
	Vignae	7 N. Jartz Notary Publ	idge	Му	Commission Expires:	January 3, 20)10