

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Lease Operator: Srokey Valley Resources, Inc.

Address: P.O. Box 209 Dexter, Kansas 67038

Phone: (620) 876-2108 Operator License #: 32081

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: _____ (Date)

by: Eric Maclaren (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)

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

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

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

API Number: 15-145-20,245-00-00

Lease Name: Miller

Well Number: 1

Spot Location (QQQQ): _____ C _____ NW _____ SE

600 ¹⁹⁸⁰ Feet from North / South Section Line

600 ¹⁹⁸⁰ Feet from East / West Section Line

Sec. 17 Twp. 20 S. R. 20 East West

County: Pawnee

Date Well Completed: _____

Plugging Commenced: 9-25-06

Plugging Completed: 9-27-06

KCC
11/3/06
AKT
PER
CPS/B
+
COPS
FTG/S

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
				8-5/8"	317	None
				5-1/2"	4301'	1810'

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 _____ feet to _____ feet each set.

Plugged off bottom with sand to 4250' and 5 sacks cerent. Cut casing loose @1810', pulled up to 1450', pumped 15 sxs. gel and 50 sxs. cerent, pulled up 340', pumped 50 sxs. cerent, pulled up to 40', pumped 135 sxscerent, 60/40 pos 6% gel.

Plugging Complete.

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529

Address: P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Srokey Valley Resources, Inc.

State of Kanas County, Rice ss.

Mike Kelso

(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.

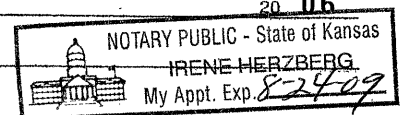
(Signature) Mike Kelso

(Address) P.O. Box 467 Chase, Kansas 67524

SUBSCRIBED and SWORN TO before me this 30th day of October

Irene Herzberg
Notary Public

My Commission Expires: _____



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

RECEIVED
NOV 02 2006
PHT

KCC WICHITA