

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: L. D. DRILLING, INC.
Address: 7 SW 26 AVE., GREAT BEND, KANSAS 67530
Phone: (620) 793-3051 Operator License #: 6039
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: 11/07/06 (Date)
by: JAY PFEIFER (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)
Ft. Scott Depth to Top: 4255/4268 Bottom: 4257/4271 T.D. _____
Mississippi Depth to Top: 4349/4362 Bottom: 4354/4363 T.D. 4380'
Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-063-21584-00-00 *KCC 12/4/06*
Lease Name: HERL 8C *PERCP2/BPT*
Well Number: 801
Spot Location (QQQQ): SE - NE - SW - _____
1650 Feet from North / South Section Line
2310 Feet from East / West Section Line
Sec. 8 Twp. 14 S. R. 26 East West
County: GOVE
Date Well Completed: 2/17/04
Plugging Commenced: 11/07/06
Plugging Completed: 11/07/06

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"	234	NONE
				4 1/2"	4379	NONE

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.

Plug with 300 sx 60/40 Pozmix 10% Gel & 450 # Hulls, Pumped Cement to Bottom, Shut in w/ 400#

Plugging Complete

*KCC PPT 12/4/06
PERCP2/BPT*

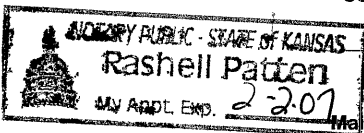
Name of Plugging Contractor: Copeland Acid & Cement L.D Drilling Inc License #: 3004 6039
Address: Box 438, Haysville, KS 67060

Name of Party Responsible for Plugging Fees: L. D. DRILLING, INC.
State of KANSAS County, BARTON, ss.
SUSAN SCHNEWEIS

(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) [Signature]
(Address) 7 SW 26 AVE., GREAT BEND, KANSAS 67530

SUBSCRIBED and SWORN TO before me this 28 day of November, 20 06



Rashell Patten My Commission Expires: 2-02-07
Notary Public Rashell Patten

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

RECEIVED
NOV 30 2006
KCC WICHITA



FIELD ORDER N° C 031375

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

L.D. DRUG

DATE 11-07 2006

IS AUTHORIZED BY: _____ (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HERL Well No. 8C-1 Customer Order No. _____

Sec. Twp. Range _____ County Gove State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
14 VP	90	Mileage Pickup	1.00	90.00
2111	90	Mileage Pump Truck	3.00	270.00
2110	1	Pump Charge		500.00
2152	450	Miles	.25	112.50
2104	300	60/40 2% Gel	7.70	2310.00
2150	21	8% Add Gel	12.00	252.00
				RECEIVED
				NOV 30 2006
				KCC WICHITA
1700	300	Bulk Charge	1.25	375.00
2101		Bulk Truck Miles 13.2 TX 60m = 792 TM	1.10	871.20
Process License Fee on _____ Gallons				
TOTAL BILLING				4780.70

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative DEAN
Station 6B

Mike Kassekman
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

