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: Siroky Oil Management, Inc.					API Number: 15 - 151-20,819 -00 -00	
Address: P.O Box 464, Pratt, KS 67124					Lease Name:	
Phone: (620) 672 -5625 Operator License #: 3959					Well Number:	
					Spot Location (QQQQ): SW - SW - SE -	
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #: (If SWD or ENHR)					330' Feet from North / South Section Line	
The plugging proposal was approved on:(Date)					Sec. 818' Twp. 26S S. R. 15 East West Section Line Sec. 15 East West Pratt County:	
by: (KCC District Agent's Name)						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County:	
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 02/23/07 Plugging Commenced: 03/01/07 Plugging Completed: 03/01/07	
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D						
	Depth to Top:	Bottom	: T.	D		
Show depth and thicknes	s of all water, oil and gas	formations.				
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						
Formation	Content	From	То	Size	Put In	Pulled Out
				8 5/8"	@438'	
				4 1/2"	@4446'	1900' - 54 Jts
		,				
hole. If cement or other Loggers shot casing # *	plugs were used, state the	e character of s	same depth place 2 3/8" and po	aced from (bott ured cement,1	tom), to (top) for each plu 0 sxs gel, 50 sxs cemer	nt, pulled 18 Jts and poured cement,

Name of Plugging Contractor, Genesis Well Service, Inc.					License #: 3309	3
Address: P.O. Box 464, Pratt, KS 67124						RECEIVED
Name of Party Responsible for Plugging Fees: Siroky Oil Management, Inc.						MAR 0 7 2007 KCC WICHITA
State of Kansas	County, _	Pratt		_ , SS.		KCC w.
Brian Siroky, President	:			(Employee o	f Operator) or (Operator)	on above-described well, being first duly
sworn on oath, says: Tha same are true and correc		(Signature) (Address) P.0	D. Box 464, P	ratt, KS 6712	ined, and the log of the a	above-described well is as filed, and the
	My.	Notary Pub	5m_	-	y Commission Expires	AMY S. ROBERTSON Notary Public - State of Kansas Appt. Expires 3/13/08

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

Sax.