

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market, Room 2078
Wichita, Kansas 67202-3802

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-053-21122-00-00

LEASE NAME Rathbun Trust

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

WELL NUMBER 1-20

990 Ft. from S Section Line

1400 Ft. from E Section Line

SEC. 20 TWP. 17 RGE. 7 (E) (W)

COUNTY Ellsworth County, Kansas

Date Well Completed _____

Plugging Commenced 01-21-04

Plugging Completed 01-21-04

LEASE OPERATOR Larson Operating Company

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE#(620) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 01-21-04 (date)

by Mike Wilson (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3350'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled Out
				<u>8-5/8</u>	<u>273'</u>	<u>0</u>

RECEIVED

MAY 05 2004

KCC WICHITA

Describe in detail the manner in which the well was 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 and depth placed, from _____ feet to _____ feet each set

1st Plug: 1000' w/35 sacks cement through drillpipe

2nd Plug: 650' w/35

3rd Plug: 325' w/35

4th Plug: 60' w/25 Rathole w/15

Name of Plugging Contractor Duke Drilling Co., Inc.

License No. 5929

Address PO Box 823 Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company

STATE OF KANSAS

COUNTY OF BARTON, ss.

THOMAS LARSON (Employee of Operator) or (Operator) of 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 as filed that the same are true and correct, so help me God.

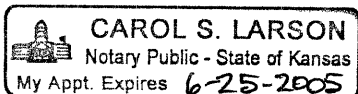
(Signature) Thomas Larson

(Address) 562 W. HWY 4 OLMITZ, KS

SUBSCRIBED AND SWORN TO before me this 3rd day of May, 192004

Carol S. Larson
Notary Public

My Commission Expires: June 25, 2005



Form CP-4
Revised 05-88

PKT