

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: Four Way Operating, Inc.
Address: Box 698 Great Bend, Kansas 67530
Phone: (620) 786-1814 Operator License #: 5310
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: Pat Staab (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: 15-009-21,136-00-00
Lease Name: Hirsch
Well Number: 3
Spot Location (OQQQ): 100'E - NW - NW - NE
4950 Feet from North / South Section Line
2210 Feet from East / West Section Line
Sec. 22 Twp. 19 S. R. 11 East West
County: Barton
Date Well Completed: _____
Plugging Commenced: 2-21-07
Plugging Completed: 2-22-07

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
				10-3/4"	209'	None
				5-1/2"	3355'	2312'

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 2800' and 5 sxs. cement. Cut casing loose @2312', pulled up to 1325', pumped 95 sxs. cement and 250# hulls, pulled up to 600', pumped 40 sxs. cement and 150# hulls, pulled up to 150' and circulated 45 sxs. cement to surface, 60/40 pos, 10% 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: Four Way Operating, Inc.
State of Kansas County: Rice ss.

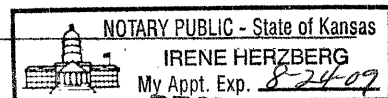
Mike Kelso (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) *Mike Kelso*
(Address) P.O. Box 467 Chase, Kansas 67524

SUBSCRIBED and SWORN TO before me this 6th day of March, 20 07

Irene Herzberg
Notary Public

My Commission Expires: _____



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

RECEIVED

MAR 08 2007

KCC WICHITA