

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
67202 TYPE OR PRINT

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

API NUMBER 15-163-21384-00-00
LEASE NAME HONOMICHL Wichita, KS

WELL NUMBER 5

NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days
990 Ft. from S Section Line
1650 Ft. from E Section Line

LEASE OPERATOR Murfin Drilling Co., Inc. SEC 19 TWP. 9S RGE. 19W (E) or (W)
ADDRESS 250 N. Water, Suite 300; Wichita, KS 67202 COUNTY ROOKS
PHONE # (316) 267-3241 OPERATORS LICENSE NO. 30606 Date Well Completed 11/22/81

Character of Well oil (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging commenced 7/7/03
Plugging Completed 4/9/03 (date)
The plugging proposal was approved on 7/7/03 (date)
by Pat Staab w/KCC Hays, KS. (KCC District Agent's Name).
Is ACO-1 filed? no If not, is well log attached? no
Producing Formation LKC Depth to Top 3251 Bottom 3516 TD 3682 Show
depth and thickness of all water oil and gas formations.

RECEIVED
8/22/03
AUG 22 2003
KCC WICHITA

OIL, GAS, OR WATER RECORDS CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		surface	215	8 5/8"	215	0
		Production	3674	5 1/2"	3674	0

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.

Plugged well as follows: Tied onto 8 5/8". Pumped 1 sx SMD cmt. Pressured to 200# & held. Tied onto 5 1/2" csg. Pumped 30 sxs SMD, 400# hulls, 13 sxs gel, 120 sxs SMD, 100# hulls. Max press. 500#, ISIP 200#. Well P/A. Witnessed and approved by Pat Staab w/ KCC Hays, KS.

Name of Plugging Contractor Murfin Drilling Company, Inc. License No. 30606 Address
250 N. Water, Suite 300; Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Murfin Drilling Company, Inc.

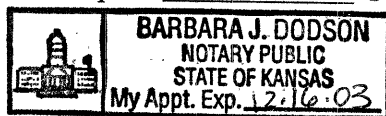
STATE OF KANSAS COUNTY OF SEDGWICK, SS.
Tom W. Nichols, Production Manager (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Tom W. Nichols
(Address) Wichita, KS

SUBSCRIBED AND SWORN TO before me this 8th day of July, 2003

Notary Public - Barbara J. Dodson
My Commission Expires: 12/16/03 Form CP-4

Revised 05-88



SWIFT SERVICES, INC.

PO BOX 466

NESS CITY, 67560-0466

Invoice

DATE	INVOICE #
7/7/03	5755

AUG 18 2003

BILL TO
Murfin Drilling Co. Inc. PO Box 277 Logan, KS 67646

USED FOR PA
APPROVED [Signature]

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TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Operator	Job Purpose
Net 30	# 5	Homomichl	Rooks	Co Tools	Oil	Workover	Roger	PTA

PRICE REFERE...	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
575W	Milage	30	2.50	75.00T
576W-P	Pump Charge	1	550.00	550.00T
275	Cotton Seed Hulls	8	20.00	160.00T
581W	Service Charge Cement	150	1.00	150.00T
583W	Drayage	243.6	0.85	207.06T
330	Swift Multi-Density	150	9.75	1,462.50T
279	Bentonite Gel	13	11.00	143.00T
	Subtotal			2,747.56
	Sales Tax		5.30%	145.62

COPY

Thank you for your business.	Total	\$2,893.18
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CHARGE TO: *Murphy Drilling Co. Inc.*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET

No 5755

PAGE 1 OF 1

SERVICE LOCATIONS)
 1. *Hays, Mo.* WELL/PROJECT NO. *#5* LEASE *Honovich* COUNTY/PARISH *Rooks* STATE *Ks.* CITY DATE *7-7-03* OWNER *Same*
 2. TICKET TYPE SERVICE CONTRACTOR *Co. Tools* RIG NAME/NO. SHIPPED VIA *CIT* DELIVERED TO *Location* ORDER NO.
 3. WELL TYPE *Oil* WELL CATEGORY *Workover* JOB PURPOSE *Plug To Abandon* WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE #106	30		mil		2	50	75	00
576		1			Pump Service	1		can		550	00	550	00
275		1			Hulls	8		sk		20	00	160	00
581		1			Service Charge	150		sk		1	00	150	00
583		1			Drayage	243.6		TON miles		85		207	06
330		1			SMDC	150		sk		9	75	1462	50
279		1			Gel	13		sk		11	00	143	00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				2,747	56
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				5.3	TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					145.62
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	2893.18

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL *John Gustine*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **7-7-03** PAGE NO. **1**

CUSTOMER **Murphy Doby** WELL NO. **#5** LEASE **Honomichl** JOB TYPE **Plug To Abandon** TICKET NO. **5755**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							On loc. set up + pumps
	0930							Pump down 258
						200		1/8 ^{SS} press. to 200psi
								Hook up to 5 1/2" Csg.
								Pump 30stk Cnd.
								mix with 400# Hulla
								Pump 13stk Gel
								Pump Rest of Cnd.
								mix 100# Hulla in first cut.
								93 ^{SS} pumped Csg. Loaded
								fix leak on sledge
								Holding 200psi 500psi Max
								47 ^{SS} total pumped
								wash and pack up track
								JOS Compt

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[Handwritten signature]