

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: 9-21-07 (Date)
 by: BRUCE BASYE (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 - 009-15524 - 00 - 00
 Lease Name: KOHLER
 Well Number: 10
 Spot Location (QQQQ): C - NE - NE - NE
4950 Feet from North / South Section Line
330 Feet from East / West Section Line
 Sec. 31 Twp. 19 S. R. 12 East West
 County: BARTON
 Date Well Completed: 1-25-1952
 Plugging Commenced: 9-21-07
 Plugging Completed: 9-22-07

KCC PPT
10/21/07
Per CP 2/3

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
SURFACE		0	192	8 5/8"	192	0

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.

Tubing @ 3350' w/ 60 sx of 60/40 Pozmix 4% Gel, Tubing @ 2850' w/ 14 Gel, Tubing Plugged, Pull out of hole w/ Tubing,
 Tie onto Braden Head, Mix 50 sx, shut in w/ 100 psi, Tie onto 5 1/2" Casing, Mix 150 sx, No Pressure Hulls,
 Let Set 2 hrs, Mix 100 sx Thixotropic, Let Set 1 hr, Put hose into 5 1/2" Casing, Fill-up w/ 50 sx, wait on cement, fill-up w/ 50 sx,
 Next day: Top off w/ 20 sx, stayed full. Total 580 sx.

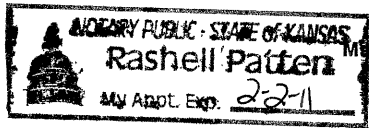
Name of Plugging Contractor: Copeiland Acid & Cement License #: 99981
 Address: P.O. Box 438, Haysville, KS 67060-0438
 Name of Party Responsible for Plugging Fees: L. D. DRILLING, INC.
 State of KANSAS County, BARTON, ss.
SUSAN SCHNEWEIS

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OCT 11 2007
CONSERVATION DIVISION
WICHITA, KS

(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) Susan Schneweis
 (Address) 7 SW 26 AVE., GREAT BEND, KANSAS 67530

SUBSCRIBED and SWORN TO before me this 8 day of OCTOBER, 20 07
Rashell Patten My Commission Expires: 2-02-11
 Notary Public Rashell Patten



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

Per



K

FIELD ORDER N° C 32576

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

DATE 9-21 2007

IS AUTHORIZED BY: L. D. DAVIS (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Kohler Well No. 10 Customer Order No. _____

Sec. Twp. Range _____ County BARTON 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

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MI 101	6	MILEAGE Pickup	1 ⁰⁰	6 ⁰⁰
MI 101	6	MILEAGE Pump Truck	3 ⁰⁰	18 ⁰⁰
MI 100	1	PUMP CHARGE		500 ⁰⁰
MI 000	580	60/40 P02 2% Gel Allowed	8 ⁰⁰	4669 ⁰⁰
MI 050	10	2% ADDITIONAL GEL	12 ⁵⁰	125 ⁰⁰
MI 050	14	GEL ON SIDE	12 ⁵⁰	175 ⁰⁰
MI 050	400	HULLS	.35	140 ⁰⁰
MI 101	25	Thix o Tropic Additive C43L	16 ⁰⁰	400 ⁰⁰
MI 000	629	Bulk Charge	1 ²⁵	786 ²⁵
MI 001		Bulk Truck Miles $27.68 \times 6 = 166.08$	1 ¹⁰	182 ⁶⁹
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7001⁹⁴

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 A. G. CURTIS

Station GB

Remarks _____

L. D. DAVIS
Well Owner, Operator or Agent

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OCT 11 2007

NET 30 DAYS

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date: 9-21-07 District: 6B F. O. No. C32576
 Company: L.D. DAVIS
 Well Name & No.: Kohlea 10
 Location: _____ Field _____
 County: BARTON State: KS
 Casing: Size: 5 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size: _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal. _____
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative L.D. DAVIS Treater A.G. Curtis

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				Tubing @ 3350
:				60 sks 60/40 P02 490 gal
:				Tubing @ 2850 w/ 14 gal
:				Tubing plugged
:				Pull out of hole w/ tubing
:				Tie onto BRADEN head
:				MIX 50 sks shut in w/ 100 psi.
:				Tie onto 5 1/2 casing w/ 400
:				MIX 150 sks No pressure Hous
:				Let set 2 hrs
:				MIX 100 sks 60/40 Let set 1 hr.
:				MIX 100 sks THIXOTROPIC
:				Let set 1 hour
:				Put hose into 5 1/2
:				Fillup w/ 50 sks WAIT ON Cement
:				Fillup w/ 50 sks
:				Shut down for evening
:				9-22-07
:				Top off w/ 20 sks
:				stayed full

TOTAL Used
58 @ 5 1/2

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