

KANSAS
REGISTRATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

15-163-01473-00-02
API NUMBER N/A

LEASE NAME Hrabe J

WELL NUMBER 1

2970 Ft. from SW Line of Section (circle one)

3630 Ft. from SW Line of Section (circle one)

1/28/03
JAN 28 2003
KCC WICHITA

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

LEASE OPERATOR S & M Oil

SPOT LOCATION SW - SE - NW -

ADDRESS 1725 250th Ave.

SEC. 1 TWP. 9 S. RGE 17 (X) or (W)

CITY, STATE, ZIP Hays, KS 67601

COUNTY Rooks

PHONE#(785) 650-4003 OPERATORS LICENSE NO. 8735

Date Well Completed 8-10-62

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

Date Plugging Commenced 1-21-03

Date Plugging Completed 1-21-03

The plugging proposal was approved on 1-16-03 (date)

by Dennis Hamel (KCC District Agent's Name)

Is ACO-1 filed? N/A If not, is well log attached? N/A

Producing Formation(s) Kansas City Depth to Top 3122 Bottom 3347 T.D. 3424

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	PULL OUT
Surface		0	156	8 5/8	156	-0-
Kansas City	oil-water	3122	3347	5 1/2	3424	-0-

Described 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.

Ran 1396' of tubing open ended and circulated cement with 120 sks of 60/40 pos/10% gel and 450# hulls. Pulled tubing and tied to 5 1/2" casing and squeezed to 500#, 130 sks of 60/40 pos/10% gel and 50# hulls. SIP 500#, backside test 500# and held OK.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied

License No. N/A

Address Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Steve Crawford

STATE OF Kansas COUNTY OF Ellis, ss.

Steve Crawford (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) Steve Crawford

(Address) 1725 250th Ave., Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 21st day of January, 2003

Connie Crawford
Notary Public



My Commission Expires: 2-25-2006

OK