

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 15-163-22643 -00-00
LEASE NAME GARVERT Wichita, KS

WELL NUMBER 8

NOTICE: Fill out completely 4785 Ft. from S Section Line
and return to Cons. Div. 330 Ft. from E Section Line
office within 30 days

LEASE OPERATOR Murfin Drilling Co., Inc. SEC 6 TWP. 9S RGE. 17W (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 5/11/85

RECEIVED
MAY 12 2003

Character of Well D&A (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging commenced 4/14/03
Plugging Completed 4/14/03 (date)

The plugging proposal was approved on 4/14/03 by Rich Williams w/KCC Hays, KS. (KCC District Agent's Name).

KCC WICHITA
5/12/03

Is ACO-1 filed? yes If not, is well log attached? no
Producing Formation LKC Depth to Top 3124 Bottom 3350OA TD 3415 PBTD3376

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
		surface	218	8 5/8	218	0
		production	3414	5 1/2	3414	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: Ran tbg to 2506'. Tied onto 8 5/8. Pumped 3 sxs SMD cement. Pressured to 500# & held. Tied onto 2 7/8" tbg. Pumped 72 sxs SMD cement 450# hulls. Pulled tbg to 1300'. Pumped 90 sxs to circ cmt to surface. TOH w/ tbg. Tied onto 5 1/2" csg. Pumped 10 sxs. 300# max press 300# ISIP. Well P/A. Witnessed and approved by Rich Williams 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

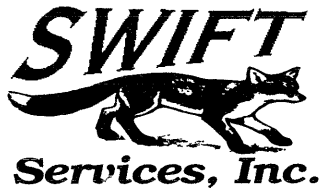
SUBSCRIBED AND SWORN TO before me this 15th day of April, 2003

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

Revised 05-88



bn



CHARGE TO: *Murfin Drly. Co.*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Hill City 16*

TICKET No 5241

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays 16</i>	WELL/PROJECT NO. 8	LEASE <i>Garvert</i>	COUNTY/PARISH <i>Reels</i>	STATE <i>Ks</i>	CITY	DATE <i>4-14-03</i>	OWNER <i>Lame</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Murfin</i>	SHIPPED VIA <i>105</i>	DELIVERED TO <i>N.E. Plainville</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>abandoned</i>	JOB PURPOSE <i>P.T.A.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

15-163-22643-0000

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<i>575</i>					MILEAGE <i>105</i>	<i>30</i>	<i>mi</i>			<i>2.50</i>	<i>75</i>	<i>20</i>
<i>576</i>					<i>Pump charge</i>	<i>1</i>	<i>EA</i>				<i>550</i>	<i>00</i>
<i>330</i>					<i>5mD Cement</i>	<i>175</i>	<i>SKS</i>			<i>9.75</i>	<i>1706</i>	<i>25</i>
<i>581</i>					<i>Bulk Service charge</i>	<i>175</i>				<i>1.00</i>	<i>175</i>	<i>00</i>
<i>583</i>					<i>Drayage</i>	<i>259</i>	<i>35</i>	<i>T.M.</i>		<i>.85</i>	<i>220</i>	<i>45</i>
<i>275</i>					<i>Hulls</i>	<i>5</i>	<i>SKS</i>			<i>20.00</i>	<i>100</i>	<i>00</i>

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 *4-14-03* TIME SIGNED *8:30* 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	<i>2826</i>	<i>70</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	<i>149</i>	<i>82</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>2976</i>	<i>52</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

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

SWIFT OPERATOR *Lenny* APPROVAL *John Gusto*

Thank You!

