

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD

K.A.R.-82-3-1 SEP 11 2000 API NUMBER 15-051-22620-00-00

9-11-2000

LEASE NAME Bowlby B-1

CONSERVATION DIVISION

Wichita, Kansas WELL NUMBER 1

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

330 Ftt. from S Section Line

495 Ftt. from E Section Line

SEC. SWS TWP. 23 RGE. 11S (E) or (W) 16W

COUNTY Ellis

Date Well (Completed) 8-31-00

Plugging Commenced 8-31-00

Plugging Completed _____

LEASE OPERATOR M G Oil Inc

ADDRESS P. O. Box 162 Russell, Ks 67665

PHONE#(785) 483-4357 OPERATORS LICENSE NO. 31385

Character of Well OIL

(OIL, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 8-31-00 (date)

by Marion Counts (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation Kansas City Depth to Top _____ Bottom _____ T.D. 3380'

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

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 plug were used, state the character of same and depth placed, from feet to feet each set
Perforated At 1500' and 930' ran tubing to 3200', pumped 80 sx 60/40
10% gel, cement with 200# hulls, pulled tubing to 1700' pumped 80 sx cement
with 200# hulls, pulled to 450' cemented with 60sx cement. pulled out tubing
tied on to 4 1/2" & pumped 40 sx cement w/200# hulls 300#max & 200# SIP

Name of Plugging Contractor Rapid Well Service License No. _____

Address 640 E. Wichita - Russell, Ks 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: M G Oil Inc. Marion Counts

STATE OF Kansas COUNTY OF Ellis, SIS.

(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 the the same are true and correct, so help me God.

(Signature) Marion Counts

(Address) _____

SUBSCRIBED AND SWORN TO before me this 7th day of September, 2000

Sheri K Robben
Notary Public

My Commission Expires: 10-17-2002

SHERI K. ROBBEN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-17-2002