

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

15-163-02029-00-00
API NUMBER 12/14-51

LEASE NAME TEMPLE

WELL NUMBER #1

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

2310 Ft. from S Section Line

2970 Ft. from E Section Line

LEASE OPERATOR STARR F. SCHLOBOHM
ADDRESS 47 MICHAHANIC ROAD, #3D, SANBORNVILLE, NH 03872-3787

SEC. 7 TWP. 10S RGE. 20 (E) or (W)

COUNTY ROOKS

PHONE# (603) 522-9160 OPERATORS LICENSE NO. 4952

Date Well Completed 12/14/1951

Character of Well OIL

Plugging Commenced 2/15/2002

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

Plugging Completed 2/15/2002

The plugging proposal was approved on 2/15/2002 (date)

by HEXB DEINES (KCC District Agent's Name).

Is ACO-1 filed? ? If not, is well log attached? NO LOG AVAILABLE

Producing Formation ARBUCKLE - HOLE Depth to Top OPEN 3,858 Bottom 3866 T.D. 3869

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
ARBUCKLE		SURFACE	3859	5 1/2"	3859'	NONE

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.
PER KCC REQUIREMENT, HOLES SHOT IN PRODUCTION CASING AT 1,000 FEET AND 1800 FEET - CEMENT BILL AND WORK TICKET ATTACHED

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

Name of Plugging Contractor ALLIED CEMENTING CO., INC. License No. _____

Address P.O. BOX 31, RUSSELL, KS 67665-0031

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STARR F. SCHLOBOHM

STATE OF NEW HAMPSHIRE COUNTY OF CARROLL, ss.

STARR F. SCHLOBOHM (Employed 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) Starr F. Schlobohm

(Address) 47 MICHAHANIC ROAD SANBORNVILLE, NH 03872-3787

SUBSCRIBED AND SWORN TO before me this 30TH day of MARCH, 192002

My Commission Expires: 10/10/06

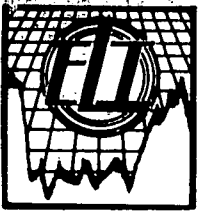
Notary Public
KIM ORR

NOTARY PUBLIC OF NEW HAMPSHIRE

My Commission Expires Oct. 10, 2005 Form CP-4
Revised 05-88

RECEIVED
4-8-02
APR 06 2002
KCC WICHITA

15-163-02029-0000



ELI WIRELINE SERVICES, INC.

P.O. BOX 534—ELLINWOOD, KANSAS 67526

Nº 20112
In Remitting or Corresponding
Please Refer to Above Invoice Number

SERVICE TICKET AND INVOICE

Date 2-14-02
Engineer R SMITH
Operator AJ
Truck No. 149

CHARGE TO STARR SCHLOBOHM OIL OPR
ADDRESS 47 MICHAWANIC ROAD, #3D
CITY SANBORNVILLE, NH 03872-3787
WELL TEMPLE #1
FIELD _____

CUSTOMER ORDER NO. _____
CASING SIZE & WEIGHT 5 1/2
COUNTY ROOKS

LEGAL DESCRIPTION: NE NE SW

CASED HOLE SERVICES				OPEN HOLE SERVICES			
<input type="checkbox"/> Combination G/R-Neutron Log	<input type="checkbox"/> Correlation Log	<input type="checkbox"/> Differential Temperature Log	<input type="checkbox"/> Sonic Bond Log SS	<input type="checkbox"/> Cement Top Log	<input type="checkbox"/> GAMMA RAY-NEUTRON GUARD & CALIPER LOG	<input type="checkbox"/> BHC SONIC LOG	<input type="checkbox"/> SS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Density Gas Detection Log	<input checked="" type="checkbox"/> Steel Carrier	<input type="checkbox"/> Bridge Plug	<input type="checkbox"/> INDUCTION ELECTRIC LOG	<input type="checkbox"/>	<input type="checkbox"/> FF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Link Jet	<input type="checkbox"/> Strip Jet	<input type="checkbox"/> Tornado Frac Jet	<input type="checkbox"/> BHC DENSITY LOG GR	<input type="checkbox"/> COMPUTER ANALYZED LOGGING SYSTEMS	

Received These Services According To The Terms & Conditions On Reverse Side Hereof:

I DO WANT TOOL INSURANCE.
I DO NOT WANT TOOL INSURANCE. COST _____
SIGNATURE LINE _____

CUSTOMER [Signature]
AUTHORIZED AGENT _____

TERMS: Net Cash 20th of Month Following Invoice Date. 1.5% Interest Per Month Charged After 60 Days.

INVOICE SECTION PERFORATING AND OTHER					
Price Ref. No.	No. Holes	Depth		Amount	
		From	To		
210-2	2	1800			
11	2	1000			
				640.00	
<p>#6216/02 2/25/02 #742.50</p> <p>Short Production Casing</p>					

INVOICE SECTION — SERVICE CHARGE						
Price Ref. No.	Description Of Charge	From	To	No., Feet	Amount	
100					350.00	
INVOICE SECTION LOGGING						
	Depth Charge				RECEIVED	
					APR 08 2002	
					KCC WICHITA	
	Logging Charge					
	Other					

INVOICE SECTION PLUGS, PACKERS AND OTHER				
Price Ref. No.	Type	Size	Depth	Amount

SUB-TOTAL	990.00
LESS DISCOUNT IF PAID IN 60 DAYS	247.50
TOTAL	742.50

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566

 * INVOICE *

Invoice Number: 086605

Invoice Date: 02/26/02

Sold Starr F. Schlobohm
 To: 47 Michwanic Rd. #3D
 Sanbornville, NH
 03872-3787

RECEIVED
 APR 08 2002
 KCC WICHITA

Cust I.D.....: Schl
 P.O. Number...: Temple #1
 P.O. Date.....: 02/26/02

Due Date.: 03/28/02
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	210.00	SKS	6.6500	1396.50	T
Pozmix	140.00	SKS	3.5500	497.00	T
Gel	25.00	SKS	10.0000	250.00	T
Hulls	5.00	SKS	18.0000	90.00	T
Handling	380.00	SKS	1.1000	418.00	T
Mileage (40)	40.00	MILE	15.2000	608.00	T
380 sks @\$.04 per sk per mi					
Plug	1.00	JOB	250.0000	250.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 373.41
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3509.50
 Tax.....: 224.61
 Payments: 0.00
 Total....: 3734.11

Loss
373.41
 NET \$3360.70

*086605
 3/2/02
 Pl, 677.47*

ALLIED CEMENTING CO., INC.

10446

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>2/15/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>12:00 A.M.</u>	JOB START	JOB FINISH <u>12:00 P.M.</u>
LEASE <u>Temple</u>	WELL # <u>1</u>	LOCATION <u>Ellis N to Coline 4W to AA</u>		COUNTY <u>Rooks</u>	STATE <u>Ks</u>		
<input checked="" type="radio"/> OLD OR NEW (Circle one)		<u>2W N 4E To well</u>					

CONTRACTOR <u>Kanaco</u>	OWNER
TYPE OF JOB <u>OH</u>	
HOLE SIZE _____	T.D. _____
CASING SIZE <u>5 1/2</u>	DEPTH _____
TUBING SIZE <u>2 1/2</u>	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRÉS. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT _____	
EQUIPMENT	
PUMP TRUCK # <u>177</u>	CEMENTER <u>Paul</u> HELPER <u>Jason</u>
BULK TRUCK # <u>254</u>	DRIVER <u>Darin</u>
BULK TRUCK # _____	DRIVER _____

CEMENT	AMOUNT ORDERED <u>300 @ 10% Gel</u>		
		<u>5 Halls</u>	
COMMON	<u>210</u>	@ <u>665</u>	<u>1396.50</u>
POZMIX	<u>140</u>	@ <u>355</u>	<u>497.00</u>
GEL	<u>25</u>	@ <u>10.00</u>	<u>250.00</u>
CHLORIDE		@ _____	_____
<u>Halls</u>	<u>5</u>	@ <u>18.00</u>	<u>90.00</u>
		@ _____	_____
		@ _____	_____
		@ _____	_____
HANDLING	<u>380</u>	@ <u>1.10</u>	<u>418.00</u>
MILEAGE	<u>4 4/5K / mile</u>	@ _____	<u>608.00</u>
		@ _____	_____
		@ _____	_____
TOTAL			<u>3259.50</u>

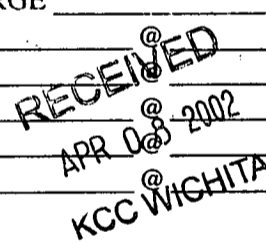
REMARKS:

The @ 200 - 175skw / 250 # Halls
1,600 - 175sk 200 # Halls
5 1/2 csg
Annulus mixed 50sk 50 # Halls
press to 300psi. Shut in @ 100psi.

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>250.00</u>
EXTRA FOOTAGE _____	_____
MILEAGE _____	_____
PLUG _____	_____

TOTAL	
<u>250.00</u>	



CHARGE TO: Start

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL _____

To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____