

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: Hupfer Operating, Inc.
Address: P.O. Box 3912, Shawnee, KS 66203
Phone: (913)400-3777 Operator License #: 30380
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: 9-9-09 (Date)
by: Case Morris - Dist. #4 (KCC District Agent's Name)
Pat Stabb - Dist. #4
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
Marmaton Depth to Top: 3820 Bottom: 3884 T.D. 3933
Bridge@ 3860
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-051-25,814-0000
Lease Name: Engel
Well Number: #1
Spot Location (QQQ): N2 - S2 - NW
1650 Feet from North / South Section Line
1320 Feet from East / West Section Line
Sec. 36 Twp. 13 S. R. 20 East West
County: Ellis
Date Well Completed: 11-25-08
Plugging Commenced: 10-5-09
Plugging Completed: 10-5-09

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 |
| Shale/Sand | Surface Csg. | 0 | 237 | 8-5/8 | 237 | 0 |
| Lime-Shale | Prod. Csg. | 0 | 3927 | 5 1/2 | 3927 | 0 |
| | | | | Port collar @ 1530 & cemented to surface | | |

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.

Bridge plug @ 3860'.

1) 50 sxs. 60/40 poz 4% gel w/ 200# hulls followed by 12 sxs. gel spacer.

2) 250 sxs. 60/40 poz 4% gel w/ 100# hulls to surface w/ 800 PSI

3) Tie onto annulus - 10 sxs. cement back side @ 150 PSI.

Name of Plugging Contractor: Copeland Cementing License #: 3004

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KCCPKT PER CP 2/3
OCT 19 2009

Address: P.O. Box 438, Haysville, KS 67060

Name of Party Responsible for Plugging Fees: Hupfer Operating, Inc.

CONSERVATION DIVISION
WICHITA, KS

State of KS County, Johnson, ss.

Dennis D. Hupfer - President

(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) Dennis D. Hupfer

(Address) P.O. Box 3912, Shawnee, KS 66203

SUBSCRIBED and SWORN TO before me this 14 day of October, 20 09

SABRINA BRENNAN
Notary Public
State of Kansas

Notary Public

My Commission Expires: 7/10/10

My Commission Expires 7/10/10



FIELD ORDER N° C 32944

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

DATE 10-5-09 20

IS AUTHORIZED BY: Hughes Operating (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Engel Well No. L Customer Order No. _____

Sec. Twp. Range _____ County Ellis 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 _____ By _____ Agent

Well Owner or Operator

Agent

| CODE | QUANTITY | DESCRIPTION | UNIT COST | AMOUNT |
|---|----------|--|-----------|------------|
| | 201 | Mileage Pump Truck | 2.50 | 92.00 |
| | 30 | Mileage pickup | 1.50 | 30.00 |
| | 1 | Pump Charge | | 100.00 |
| | 300 | 60% oil | 9.30 | 246.00 |
| | 7 | 2% add. oil | 16.00 | 112.00 |
| | 12 | Gal on side | 11.00 | 132.00 |
| | 200 | Miles | 5.00 | 1000.00 |
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| CONSERVATION DIVISION WICHITA, KS | | | | |
| | 217 | Bulk Charge | 1.50 | 300.00 |
| | | Bulk Truck Miles 13,059 x 30m = 411,570 x 1.00 | 1.00 | 411,570.00 |
| | | Process License Fee on _____ Gallons | | |
| TOTAL BILLING | | | | 5,285.00 |

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 Markham bl.

Station C.P.

Donnie Hughes
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 10-5-09 District: G.A. P. O. No. C32914
 Company: Hunter Operations
 Well Name & No. Engel
 Location: 36-13-20 Field: _____
 County: Ellis State: KS

| 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. | |

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. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Screen Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 135/310
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative: Dennis H. Treater: Nathan W.

| TIME a.m./p.m. | PRESSURES | | Total Fluid Pumped | REMARKS |
|-------------------|-----------|--------|-----------------------|--|
| | Tubing | Casing | | |
| 1:30 | - | 5 1/2" | | On landing. Rig up. |
| | | | | BP @ 3860' |
| | | | | Mix 50 sks. 62/40 per. 4% sp. w/ 200# |
| | | | | Hulls down 5 1/2" |
| | | | | Mix 12 sks. sp. |
| | | | | Mix 250 sks. after gel @ 800psi. |
| | | | | w/ 100# Hulls |
| | | | | Shut in w/ 400psi. |
| | | | | lie on Annulus Mix 10 sks Shut |
| | | | | in @ 150psi. |
| | | | | total = 12 cel 300# hulls 25 sks |
| | | | | Thank you! |
| | | | | Nathan W. |

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WICHITA, KS