STATE OF KANSAS STATE CORPORATION COMMISSION 130 South Market, Room 2078 Wichita, Kansas 87202		WELL PLUGGING RECORD K.A.R. 82-3-117		API NUMBER	15-171-	15-171-20509 - <i>00-0</i>	
				LEASE NAME	Erskin	Erskin "A"	
		TYPE OR PRINT NOTICE: Fill out completely		WELL NUMBER1-28			
		and return to Cons. Div.		4950 Ft. from South Section Line			
			30 days.	2310 Ft.	from East Section	on Line	
Larson Operating Company LEASE OPERATOR A Division of Larson Engineering, Inc.				SEC28 TW	/P <u>17S</u> RGE	32 West	
ADDRESS <u>562 West Highway 4</u> Olmitz, KS 67564-8561				COUNTY Sc	ott		
PHONE # (316) 653-7368 OPERATORS LICENSE NO. 3842				Date Well Completed 4/3/1997			
Character of Well Oil				Plugging Commenced 3/5/2002			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed 3/5/2002			
The plugging proposal	was approved on2/	20/2002				(date)	
by <u>Mike Maier</u>		· ·		·	_ (KCC District A	gent's Name).	
Is ACO-1 filed?	Yes If not, is we	ell log attached?					
Producing Formation	Morrow Sand	Depth to To	op 4630'	Bottom 4	4636' T.D.	4790'	
Show depth and thickne	ess of all water, oil and	gas formations.					
OIL, GAS OR WATER R		1		CASING RECOR	D		
		\F				Dullad Out	
Formation Morrow Sand	Content oil & water	From surface	To 430'	Size 8-5/8*	Put In 430'	Pulled Out none	
Pleasanton	water	surface	4784'	5-1/2"	4784'	none	
			ļ			 	
		- 					
Describe in detail the r methods used in introd placed, from feet CIBP @ 4480', CIBP @	lucing it into the hole. tofeet each set 3 4003', port collar @ 2	If cement or o	ther plugs wer	e used, state the surface	character of sa	me and depth	
	dar Hills @ 2044'. Bro						
	(60-40 poz w/ 6% gel 8		·	ressured to 1100	#. SI w/ 1100#.	Pressured	
braidennead to 500# -	held. Plugging comple (if additional de			CK of this form.)			
Name of Plugging Cont	•	-		,	_ License No	32382	
Address P.O. Box 46	6, Ness City, KS 6756	0-0466			RECEN		
NAME OF PARTY RESI	PONSIBLE FOR PLUGG	ING FEES: L	arson Operatin	g Company		(CD	
STATE OF KAN	NSAS COUNT	Y OF	BARTON	, ss.	174H 1 3	-2000	
	Thomas Lar	son		(Employ	vee of Operator	perator of	
above-described well, herein contained and th	being first duly sworn ne log of the above-des	on oath, says: cribed well as fi	That I have ki	nowledge of the	facts, statement	s, and matters	
		(Signature)	Thom	,_ jaiso	~		
		(Address)	562 West Hig	hway 4 Olmita	z, KS 67564-8561		

SUBSCRIBED AND SWORN TO before me this

My Commission Expires:

Form CP-4 Revised 05-88

Notary Public

, 20 _02

March

CAROL S. LARSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt, Exp. 6-25-200 S

6th

Carol S. Larson

June 25, 2005

day of

