

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

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

API NUMBER 15-171-20081-0000

LEASE NAME Novak

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 32 TWP. 19S RGE. 34W (E) or (W)

COUNTY Scott

Date Well Completed

Plugging Commenced 7-26-00

Plugging Completed 7-28-00

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

LEASE OPERATOR APOLLO ENERGIES, INC.

ADDRESS 734-B N. Four Wheel Drive Kingman, Ks. 67068

PHONE (316) 532-2390 OPERATORS LICENSE NO. 30481

Character of Well Oil

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

The plugging proposal was approved on (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 4963'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD RECEIVED STATE CORPORATION COMMISSION

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	400'	None
				4-1/2"	4962'	800'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from feet to feet each sk. Plugged off bottom with sand to 4350' and 4 sks. cement, Shot pipe @1800', 1300', pumped 80 sks. cement w/300# hulls and 2 sks. gel, shot pipe @800', pumped 4 sks. gel, 50 sks cement and 4 sks. gel, pulled up to 400', pumped 50 sks. cement, pulled up to 40' and topped of with 10 sks. gel. Used 60/40 pos. 6% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Apollo Energied, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 8th day of August 2000

[Signature]
Notary Public

My Commission Expires:

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-