

STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-007-20679 . 00 . 01

LEASE NAME Simpson

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER 1 OWWD

4620 Ft. from N/S Section Line

560 Ft. from E/W Section Line

LEASE OPERATOR McGinness Oil Company

SEC. 32 TWP. 31s RGE 12 ~~X~~ (W)

ADDRESS 150 N. Main, Suite 1026, Wichita, KS 67212

COUNTY Barber

PHONE# 316 267-6065 OPERATORS LICENSE NO. 31881

Date Well Completed _____

Character of Well Good

Plugging Commenced 5/24/00

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

Plugging Completed 5/24/00

The plugging proposal was approved on 5/24/00 (date)

by Steve Durant (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? no

Producing Formation Indian Cave Depth to Top 2600 Bottom 2622 T.D. 2660 PBTD

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

RECEIVED
STATE CORPORATION COMMISSION
MAY 30 2000

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8	467	None
				4 1/2	4284	None

CONSERVATION DIVISION
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Run 2 3/8 tubing to 2558, load hole and spot 25sx common with 3%cc, pull tubing to 630
load hole, circulate cement to surface with 45sx cement, 60/40 6% jel, lay down tubing
top 4 1/2 off with cement.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: McGinness Oil Company

STATE OF Kansas COUNTY OF Barber, ss.

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



(Signature) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 26 day of May, 19 2000

[Handwritten Signature]
Notary Public

My Commission Expires: 11/30/02

