

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

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

AC NUMBER ¹⁵⁻ 101-21,794-0000

RECEIVED

JAN 04 2002

KCC WICHITA

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

LEASE NAME Glen Eitel

WELL NUMBER 1-21

4950 Ft. from S Section Line

3530 Ft. from E Section Line

SEC. 21 TWP. 17S RGE. 27W ~~KCC~~ W

COUNTY Lane

Date Well Completed 11/19/01

Plugging Commenced 12:15PM 11/19/01

Plugging Completed 3:15PM 11/19/01

LEASE OPERATOR MULL DRILLING COMPANY, INC.

ADDRESS P.O. Box 2758 Wichita, KS 67201-2758

PHONE (316)264-6366 Ext. 13 OPERATORS LICENSE NO. 5144

Character of Well D&A

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

The plugging proposal was approved on 11/16/01 (date)

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

Is ACO-1 filed? No if not, is well log attached? Will submit w/ACO-1

Producing Formation None Depth to Top _____ Bottom _____ T.D. 4630

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
		Surface	246	8 5/8	246.73	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 plug were used, state the character of same and depth placed, - from _____ feet to _____ feet each set

1st Plug @ 2100'w/50sks 5th Plug @ 40'w/10sks Circulated 1st Plug 15 Minutes With 53 Vis Mud.

2nd Plug @ 1200'w/80sks 10sks In Mouse Hole Plugs Displaced with mud

3rd Plug @ 600'w/40sks 15sks In Rat Hole Total 245sks 60/40Poz 6%Gel w/1#FC/sk By Allied

4th Plug @ 270'w40sks Completed @ 3:15PM 11/19/01

Name of Plugging Contractor Discovery Drilling Co., Inc. License No. 31548

Address P.O. Box 763 Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MULL DRILLING COMPANY, INC.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Mark Shreve, President/COO

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

(Signature) [Signature]

(Address) P.O. Box 2758, Wichita KS 67201

SUBSCRIBED AND SWORN TO before me this 3rd day of January, 2002

TANNIS L. TRITT
Notary Public - State of Kansas
My Appt. Expires 3.26.2003

Tannis L. Tritt
Notary Public

My Commission Expires: March 26, 2003

USE ONLY ONE SIDE OF EACH FORM

Form CP-4
Revised 05-88

OR