

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

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

API NUMBER 15-165-20812 0000

LEASE NAME Stephens

WELL NUMBER 1

3630 Ft. from South Section Line

4950 Ft. from East Section Line

SEC 30 TWP 16S RGE 20 West

COUNTY Rush

Date Well Completed 11/7/1980

Plugging Commenced 9/29/2000

Plugging Completed 10/2/2000

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

Larson Operating Company
LEASE OPERATOR A Division of Larson Engineering, Inc.

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (316) 653-7388 OPERATORS LICENSE NO. 3842

Character of Well oil

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

The plugging proposal was approved on 9/29/2000 (date)

by Mike Maier (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation Cherokee Depth to Top 4027' Bottom 4033' T.D. 4140'

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
Cherokee	oil	4027'	4033'	8-5/8"	281'	none
				4-1/2"	4131'	409'

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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

Bridge @ 50' - beat to 1230' w/ baller. Shot 4-1/2" @ 913'. Pumped 80 sk plug. Shot 4-1/2" @ 409'. Pulled 4-1/2" to 300' & pumped 50 sk plug. Pulled 4-1/2" to 40' & circulated hole w/ 50 sx. Plugged w/ 180 sx 60-40 poz w/ 8% gel.

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

Name of Plugging Contractor Quality Well Service License No. 31925

Address 415 E. Main St., Sterling, KS 67579

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Co., Division of Larson Engineering, Inc.

STATE OF KANSAS COUNTY OF BARTON, ss.

Thomas Larson (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) Thomas Larson

(Address) 562 West Highway 4 Olmitz, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 30th day of October, 20 00

Carol S. Larson

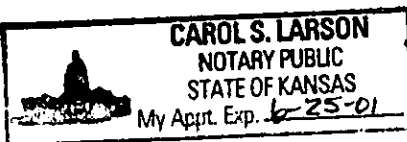
RECEIVED
STATE CORPORATION COMMISSION

Notary Public

My Commission Expires: June 25, 2001

NOV 1 2000

MB
Form CP-4
Revised 05-88



CONSERVATION DIVISION
Wichita, Kansas