

API NUMBER 15-101-21512-0000

LEASE NAME McWhirter "A"

WELL NUMBER 1

1650 Ft. from South Section Line

2970 Ft. from East Section Line

SEC 34 TWP 18S RGE 29 West

COUNTY Lane

Date Well Completed _____

Plugging Commenced 7/19/2001

Plugging Completed 7/19/2001

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

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

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (620) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well oil

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

The plugging proposal was approved on 7/17/2001 (date)

by Mike Maier (KCC District Agent's Name)

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

Producing Formation L-KC Depth to Top 4153' Bottom 4201' T.D. 4650'

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
L-KC "I" 4197-4201'	oil	235'	surface	8-5/8"	235'	none
L-KC "H" 4153-59'	oil	4635'	surface	4-1/2"	4635'	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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

TIH w/ tbg to 4235'. Spotted 50 sx w/ 200# hulls on bottom. TOH to 2000'. Circ 120 sx from 2000' to surface. TOH w/ tbg. Topped off csg w/ 20 sx. Pumped 10 sx down annulus & pressured annulus to 500#. Plugging complete @ 2:00 pm, 7/19/2001. Plugged w/ 200 sx 60-40 poz w/ 6% gel.

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

Name of Plugging Contractor Wild West Well Service, Inc. License No. 32592

Address P.O. Box 433, Ness City, KS 67560-0433

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company CONSERVATION DIVISION

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 27th day of July, 20 01

Carol S. Larson Notary Public

My Commission Expires: June 25, 2005

