STATE CORPORATION COMMISSION	K.A.R82-3-117 TYPE OR PRINT			API NUM	API NUMBER 171-20,577-00-00			
200 Colorado Derby Building Wichita, Kansas 67202				LE E N	LE E NAMEBailey Family Trust			
				METT NA	WELL NUMBER 1			
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			4620	4620 Ft. from S Section Line				
			330	330 Ft. from E Section Line				
LEASE OPERATOR WABASH ENERGY CORPORATION				sec. 20	TWP 18S R	3E. 31W 080 or (11)		
ADDRESS P.O. Box 595 Lawrenceville, IL 62439				COUNTY	Scott			
PHONE (618) 945-3365 OPERATORS LICENSE NO. 31251				eW ets0	Date Well Completed . 4/30/03			
Character of Well D & A				Pluggin	Plugging Commenced3:15PM4/30/03			
(Oli, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed	6:30PM4/30/03		
The plugging proposal was approve	d on 4/29	/03	, 		 	(etsb)		
by <u>Kevin Strube</u>				(KC	C District	Agent's Name).		
is ACO-1 filed? Yesif no	ot, is well	log a	ttached?_			·		
Producing Formation None Show depth and thickness of all w	Depth	to T	op	Botte	om	.o. 4590		
Show depth and thickness of all w	rater, oli an	nd ga	s formatio	ons.	R	ECEIVED		
OIL, GAS OR WATER RECORDS			c.	ASING RECO	RO JU	N 1 6 2003		
Formation Content	From	To	Size	Put In	Pulle KOC	WICHITA		
	Surface	225	8 5/8	225.51	None .			
Describe in detail the manner in	which the w	 	as plugged	l d, Indicat	log where t	he mud fluid w		
placed and the method or methods energy energy the character	of same an	nd de	pth plac	ed, from	feet to	feet each se		
1st Plug @ 2290'W/50sks 5th Plug 2nd Plug @ 1500'W/80sks 10sks In	@ 40'W/10sks Mouse Hole	Plu	ıqs Displa	ced with M	ud			
3rd Plug @ 750'W/50sks 15sks In 4th Plug @ 250'W/50sks	Rat Hole	Tot Cor	tal 265sks mpleted @	60/40Poz 6:30PM 4/3	6%Gel W/#F 0/03	S/sk By Swift		
Name of Plugging Contractor Dis	scovery Drill	ling (Co., Inc.		.lcense No.	31548		
Address P.C	D. Box 763 I							
NAME OF PARTY RESPONSIBLE FOR PLA			 	Y CORPORAT:		·		
STATE OF / llexos	COUNTY OF _							
Eh. Whitner, Jr. above-described well, being first	duly sworn	on o	ath, says:	That I ha	belwonk evi	or (Operator) c ge of the facts		
statements, and matters herein the same are true and correct, so		1.		1 10	Leser 1500 h	ell as filed the		
			Signature)	P.O. Ber Laurer	595/	120		
**************************************		•	Address) ,		\	L 62434		
> THACY RUSHER 2	WORN TO befo	ore me	e this	0 10 00	of Sure	<u></u>		
Notary Public, State of Illinois My Commission Expires: 3/28/04			128/04	Way Mota	ry Public			
USE ONLY ONE SIDE OF EACH	P FORW	<u>ک</u>	138/04			6°		
						Form CP-/ Revised 05-88		