

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

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

15-077-20866-00-00
API NUMBER 15-077-20866
LEASE NAME Brummer
WELL NUMBER B-4
330 Ft. from N / S Section Line
2310 Ft. from E / W Section Line

RECEIVED

KANSAS CORPORATION COMMISSION

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

JUL 20 2001

CONSERVATION DIVISION

LEASE OPERATOR Pickrell Drilling Company Inc.

ADDRESS 100 S. Main, Suite 505, Wichita, KS 67202-3738

PHONE # 316 262-8427 OPERATOR'S LICENSE NO. 5123

Character of Well Good Gas

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

The plugging proposal was approved on 7/11/2001 (date)

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

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

Producing Formation Miss Depth to Top 4420 Bottom 4436 T. D. PBTD @ 4480

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
				8 5/8	249	None
				4 1/2	4525	2750

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.

Sand well back to 4323, dump 4 sx portland cement with dump bailer, stretch and cut 4 1/2 casing at 2350, lay down 4 1/2 casing, run tubing to 1259, Acid Service load hole with jel and spot 35sx cement with 3% cc, pull 2 3/8 to 809 and spot 35sx cement with 3%, pull 2 3/8 to 310 and circulate to surface with common cement, lay down tubing

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

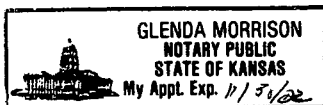
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

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



(Signature) [Signature]
(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 18 day of July, 2001

[Signature]
Notary Public

My Commission Expires: November 30, 2002

OR