

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

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

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

API NUMBER 15-007-21992 -00 W
LEASE NAME Rucker
WELL NUMBER #2
1980 Ft. from (N) S Section Line
660 Ft. from E (W) Section Line

LEASE OPERATOR Hummon Corporation
ADDRESS 950 N. Taylor, Wichita, KS 67212
PHONE # 316 773-2300 OPERATOR'S LICENSE NO. 5050

SEC. 7 TWP. 32 RGE. 10 (E) or (W)
COUNTY Barber
Date Well Completed _____
Plugging Commenced 6/21/2001
Plugging Completed 6/25/2001

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

The plugging proposal was approved on 6/21/2001 (date)
by Scott Albright (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3612 Bottom 3731 T. D. 3747

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	224	None
				5 1/2	3779	2350

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.

Lay down rods and tubing, sand well back to 3500', dump 5 sx cement with dump bailer, stretch and cut 5 1/2 at 2350, lay down 5 1/2, run 2 3/8 to 600', Allied load hole and spot 50 sx cement, pull tubing to 250' and spot 40 sx, pull tubing to 50' and circulate to surface, lay down tubing, 60/40, 6% jel

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

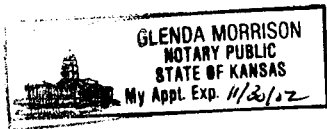
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hummon Corporation

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) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 25 day of June 2001

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OR