

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 15-007,20531-0000

LEASE NAME Bob

WELL NUMBER #2

1320 Ft. from N/S Section Line

1320 Ft. from E/W Section Line

SEC. 4 TWP. 32S RGE. 9 ~~X2E~~ (W)

COUNTY Harper

Date Well Completed \_\_\_\_\_

Plugging Commenced 5-20-99

Plugging Completed 5-21-99

7-9  
F-30

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

LEASE OPERATOR Hays Oil & Gas

ADDRESS P.O. Box 108, Attica, KS 67009-0108

PHONE# 316 254-7204 OPERATORS LICENSE NO. 5429

Character of Well Casing parted

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

The plugging proposal was approved on 5-20-99 (date)

by Dave Werth (KCC District Agent's Name)

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

Producing Formation Miss Depth to Top 4313 Bottom 4323 T.D. 4336 PBD

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	214	None
				4 1/2	4360	2700

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.

Set CIBP at 4208, try to fix well, file CP-1 form, 5/15/99, set jacks and found casing to be parted, 5/20/99, lay down 62 joints of 4 1/2, 5/21/99, run 2 3/8 tubing to 1323, load hole and spot 35sx, pull tubing to 854, spot 35sx, pull tubing to 265 and circulate to surface, 60/40 4%jel lay down tubing.

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

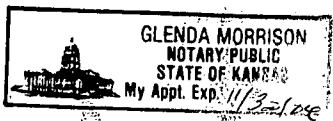
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hays Oil & Gas

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



(Signature) Alan Vratil

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 21 day of May, 19 99

RECEIVED  
STATE CORPORATION COMMISSION

Glenda Morrison  
Notary Public

MAY 25 1999

My Commission Expires: 11/30/04

CONSERVATION DIVISION  
Wichita, Kansas

Form CP-4  
Revised 05-88