

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 15-165-21691-0000

LEASE NAME E. Springer

WELL NUMBER 1-21

2970 Ft. from South Section Line

3580 Ft. from East Section Line

SEC 21 TWP 19S RGE 16 West

COUNTY Rush

Date Well Completed 2/21/1996

Plugging Commenced 1/25/2001

Plugging Completed 1/26/2001

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

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

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well Gas

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

The plugging proposal was approved on 1/24/2001 (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3726' Bottom 3875' T.D. 3875'

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
Arbuckle	Gas	surface	1109'	8-5/8"	1109'	none
		surface	3873'	5-1/2"	3873'	1996'

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.

Set CIBP @ 3700' & capped w/ 2 sx cmt. Shot csg @ 2700'. Shot csg @ 2400'. Shot csg @ 1996'. Pulled csg to 1120' & spotted 50 sk plug. Pulled csg to 500' & spotted 50 sk plug. Pulled csg to 40' & spotted 10 sk plug. Topped off csg w/ 3 sx dry cmt. Last plug down @ 4:00 pm, 1-26-01. Plugged w/ 113 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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company

STATE OF KANSAS COUNTY OF BARTON, ss.

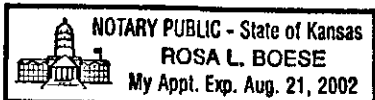
Carol Larson (Employee of Operator) or Operator of

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) Carol Larson

(Address) 562 West Highway 4 Olmitz, KS 67564-8561

SUBSCRIBED AND SWORN TO before me this 29th day of January, 20 01



Rosa L. Boese

Notary Public

My Commission Expires: 8-21-02

1-31-01