

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 15-007-22432-00-00

LEASE NAME Mott

TYPE OR PRINT

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

WELL NUMBER D-1

990 Ft. from N (S) Section Line

1320 Ft. from E (W) Section Line

RECEIVED
MAR 26 2002

LEASE OPERATOR Apollo Energies, Inc. **KCC WICHITA**

ADDRESS 10378 N. Highway 281, Pratt, KS 67124

PHONE # 620-672-9001 OPERATOR'S LICENSE NO. 30481

Character of Well good

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

The plugging proposal was approved on 3/18/2002 (date)

by Scott Aldley (KCC District Agent's Name).

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

Producing Formation Marmington Depth to Top 3673 Bottom 3675 T. D. 3677 ^{P.S.T.D.}

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	371	None
				4 1/2	3684	2900

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 2 3/8, sand well back to 3540, dump 4sx portland cement with dump bailer, stretch and cut 4 1/2 at 2900, lay down 4 1/2, Allied pump 3 hulls, 10 jel, 30 cement, 10 jel, 100 hulls, 8 5/8 wiper, 100 cement, 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: Apollo Energies, Inc.

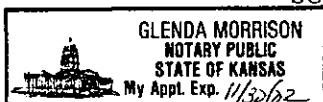
STATE OF Kansas COUNTY of Barber, ss.

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 22 day of March, 2002



[Signature]
Notary Public

My Commission Expires: November 30, 2002

OR