

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 15-007-20668-0002

LEASE NAME Olsen OWWO

TYPE OR PRINT

WELL NUMBER 1-4

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

2180 Ft. from N / S Section Line

330 Ft. from E / W Section Line

**DEC 04 2002**

**KCC WICHITA**

LEASE OPERATOR L & J Oil Properties Inc.

SEC. 4 TWP. 31S RGE. 12 (E) or (W)

ADDRESS 150 N. Main #1026, Wichita, KS 67202

COUNTY Barber

PHONE # 316-269-3424 OPERATOR'S LICENSE NO. 31434

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

Character of Well good

Plugging Commenced 11/25/2002

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

Plugging Completed 11/27/2002

The plugging proposal was approved on 11/25/2002 (date)

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

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

Producing Formation Douglas Depth to Top 3816 Bottom 3820 T. D. 3840

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	270	None
				4 1/2	3840	2470

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, set CIBP at 3750, dump 2 sacks portland cement with dump bailer, stretch and cut 4 1/2 at 2740

Pull 4 1/2 to 600', Allied load hole with jel and spot 50 sacks cement, pull 4 1/2 to 300' and spot 50 sacks cement, pull 4 1/2 to 40' and circulate to surface, lay down 4 1/2, 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: L & J Properties Inc.

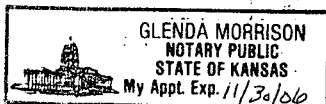
STATE OF Kansas COUNTY of Barber, ss.

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) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 2 day of December, 2002



[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2006

OR