

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 007-103100001

LEASE NAME McKee

TYPE OR PRINT

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

WELL NUMBER 6

1320 Ft. from (N/S) Section Line

1370 Ft. from (E/W) Section Line

LEASE OPERATOR Herman Loeb

SEC. 20 TWP. 33 RGE. 13 ~~XXXX~~ (W)

ADDRESS P.O. Box 524, Lawrenceville, IL 62439

COUNTY Barber

PHONE# 618-943-2227 OPERATORS LICENSE NO. 3273

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

Character of Well Casing leak

Plugging Commenced 1-25-99

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

Plugging Completed 1-25-99

The plugging proposal was approved on 1-25-99 (date)

by Steve Durant (KCC District Agent's Name).

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

Producing Formation Snyderville Depth to Top 3882 Bottom 3888 T.D. 4400 CIBP

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
				10 3/4	291	None
				7	4631	None

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.

Well was plugged 10/9/91, we drilled out top plug, legged well, tested swope 4423-29, set CIBP at 4400, perf snyderville 3882-88, DLA, run tubing to 3860 and load hole, spot 35sx class A pull tubing to 643 and spot 25sx class A, pull tubing to 306 and spot 25sx class A, lay down tubing, lay down tubing, circulate 40' to surface with 20sx common.

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

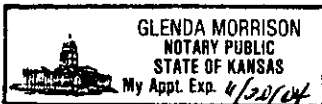
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Herman Loeb

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) of above described well, being first duty 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) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 27 day of January 19 99

[Handwritten Signature]  
Notary Public

My Commission Expires: 11/30/04

RECEIVED  
KANSAS CORP COM  
1-28-99  
99 JAN 25 AM 11:30