

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

RECEIVED
MAY 16 2002
5-16-02
KCC WICHITA

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

API NUMBER 15-007-01196-00-00

LEASE NAME Skinner

WELL NUMBER D-5

1100 Ft. from N / S Section Line

1500 Ft. from E / W Section Line

LEASE OPERATOR Petroleum Property Service, Inc.

ADDRESS 155 N. Market, Suite 1010, Wichita, KS 67202-1824

PHONE # 316-265-3351 OPERATOR'S LICENSE NO. 31142

Character of Well Casing leak

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

The plugging proposal was approved on 5/6/2002 (date)

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

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

Producing Formation Miss Depth to Top 4880 Bottom 4912 T. D. 4940 PBTD

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	287	None
				5 1/2	4940	2100

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, sand well back to 4795, dump 5sx portland cement with dump bailor, stretch and cut 5 1/2 at 2100'

lay down 5 1/2, run 2 3/8 to 900', load hole with jel and spot 50sx cement, pull 2 3/8 to 310' and spot 50sx, pull 2 3/8 to 40' and circulate to surface, 60/40 6% jel, lay down 2 3/8

(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: Petroleum Property Service, Inc.

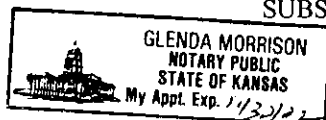
STATE OF Kansas COUNTY of Barber, ss.

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 10 day of May, 2002



[Signature]
Notary Public

My Commission Expires: November 30, 2002

OK