

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 15-033-21230-000

LEASE NAME Mathews

TYPE OR PRINT

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

WELL NUMBER 2

390 Ft. from N S Section Line

540 Ft. from E W Section Line

LEASE OPERATOR Hummon Corporation

ADDRESS 950 N. Tyler, Wichita, KS 67212

PHONE # 316-773-2300 OPERATOR'S LICENSE NO. 5050

Character of Well Good

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

The plugging proposal was approved on 2/5/2003 (date)

by Jim Holland (KCC District Agent's Name).

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

Producing Formation Miss-Viola Depth to Top 5154 to 5164 Bottom 5667 to 60 T. D. 5900

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
				20"	85	None
				8 5/8	692	None
				5 1/2	5960	3350

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 5095; dump 2 sacks portland cement with dump bailer, stretch and cut 5 1/2 at 3350

Lay down 5 1/2

02/11/2003 - Acid Services pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 8 5/8 wiper and 150 cement 60/40, 6% jel

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

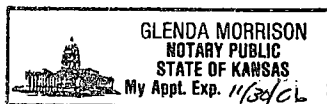
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hummon Corporation

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 14 day of February, 2003.

[Handwritten Signature]  
Notary Public

RECEIVED  
2-19-03  
FEB 19 2003

KCC WICHITA

My Commission Expires: November 30, 2006

[Handwritten Signature]