

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 15-033-21010-000

LEASE NAME Mathews

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

WELL NUMBER 1

660 Ft. from N S Section Line

660 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 2/8/2003 (date)

by Richard Lacy (KCC District Agent's Name)

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

Producing Formation Miss-Viola Depth to Top 5193 to 5199 Bottom 5688 to 98 T. D. 5826

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 "	67	None
				8 5/8	680	None
				4 1/2	5826	3900

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.

Set CIBP at 5095, dump 2 sacks portland cement with dump bailer, stretch and cut 4 1/2 at 3900, lay down 4 1/2

2/11/2003 - Allied pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 8 5/8 wiper plug, 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

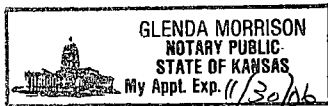
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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

My Commission Expires: November 30, 2006

RECEIVED
2-19-03
FEB 19 2003

KCC WICHITA

[Handwritten Signature]