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

WELL PLUGGING RECORD

K.A.R. 82-3-117

API	NILL	INAD	

15-033-21170-0000

LEASE NAME Stark

TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.

office within 30 days.

WELL NUMBER 26-7

1650 Ft. from East Section Line

1320 Ft. from North Section Line

LEASE OPERA	TOR _	Samuel (Gary Jr. & /	Associates, Inc	·	SEC	_ TWP	335	RGE _	19 West
ADDRESS <u>1</u>	1670 Bro	adway, S	Suite 3300	Denver, CO	80202-4838	COUNTY	Comano	he		
PHONE #(30	03) 831-	4673	OPERATOR	RS LICENSE N	O. <u>3882</u>	Date Well C	Completed	d	12/16/2	000

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

The plugging proposal was approved on 12/2/2000

Character of Well D&A

Plugging Commenced 12/16/2000

Plugging Completed 12/16/2000

(date)

Out

by Steve Alberg					(KCC District A	gent's Name).
Is ACO-1 filed?	по	If not, is	well log attached? _	no, will file logs with ACO-1.		
Producing Formation		none	Depth to Top	Bottom	T.D	5700'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WA	TER RECORDS		CASING RECORD						
Formation	Content	From	То	Size 20"	Put In 40'	Pulled			

•				20"	40' <u></u>	none	
				8-5/8"	675'	поле	
			•				
Describe in detail the manner in which the well was plugged indicating where the mud fluid was placed and the method or							

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method 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.

50 sx @ 1000' 50 sx @ 685' 10 sx @ 40'

RECEIVED

15 sx in RH Plugged w/ 125 sx 60-40 poz w/ 6% gel.

-KANSAS CORPORATION COMMISSION

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

__ License NaJAN 08 2001

Name of Plugging Contractor Allied Cementing Co. Address P.O. Box 368, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Samuel Gary Jr. & Associates, Inc.

1-8-01 TONSERVATION DIVISION WICHITA, KS

COUNTY OF ____ STATE OF COLORADO

pires:

(Employee of Operator) or Operator of Thomas G. Fertal 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 filed that the same are true and correct, so help me God.

(Signature) /Noma4

(Address) 1670 Broadway, Suite 3300 Denver CO 80202-4838

SWORN TO before me this

11-27-04

Notary Public

My Commission Expires 11/27/2004

Form CP-4 vised 05-88