

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 15-033-204170001

LEASE NAME Webster

TYPE OR PRINT

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

WELL NUMBER A-1

660 Ft. from N / S Section Line

660 Ft. from E / W Section Line

RECEIVED

OCT 29 2001  
10-29-01  
KCC WICHITA

LEASE OPERATOR Daystar Petroleum, Inc.

ADDRESS 1321 W. 93<sup>rd</sup> North, Valley Center, KS 67147-9136

PHONE # 316-755-3523 OPERATOR'S LICENSE NO. 30931

Character of Well Good

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

The plugging proposal was approved on 10/12/2001 (date)

by Richard Lacy (KCC District Agent's Name).

is ACO-1 filed? yes If not, is well log attached? Yes

Producing Formation \_\_\_\_\_ Depth to Top 3160 Bottom 3262 T. D. 5010 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
				8 5/8	329	None
				4 1/2	5369	4000

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 3080, dump 2 sx portland cement with dump bailer, stretch and cut 4 1/2 at 2800, lay down 4 1/2, (10/19/2001) Allied Pump 300 hulls, 10 jell, 50 cement, 10 jell, 100 hulls, 8 5/8 wiper, 150 cement, 60/40, 6% jell

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

Name of Plugging Contractor Clarke Corporation License No. 5105

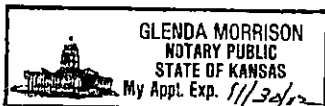
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Daystar Petroleum, 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) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 25 day of October, 2001

[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2002

OR