

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 15-151-21508-00-01

LEASE NAME Long OWWO

WELL NUMBER A-1

990 Ft. from N / S Section Line

1650 Ft. from E / W Section Line

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

AUG 23 2002

KCC WICHITA

LEASE OPERATOR Sagebrush Operating, LLC

ADDRESS 1700 Lincoln St. suite 220, Denver, CO 80202

PHONE # 316-250-2045 OPERATOR'S LICENSE NO. 32154

Character of Well good

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

The plugging proposal was approved on 7/23/2002 (date)

by Steve Middleton (KCC District Agent's Name).

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

Producing Formation KC Depth to Top 3867 Bottom 3880 T. D. 3924

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	438	None
				4 1/2	4281	2060

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.

Run dump bailer to TD at 3900', sand well back to 3800', dump 1sx portland cement with dump bailer, can't get past 2560'
On second run, load casing, cut 4 1/2 at 2060', pull 4 1/2 to 811', load hole with jel and spot 50 sx cement, pull 4 1/2 to 450' and
Spot 40 sx, pull 4 1/2 to 40' and circulate to surface, 60/40, 6% jel, lay down 4 1/2

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

Name of Plugging Contractor Clarke Corporation License No. 5105

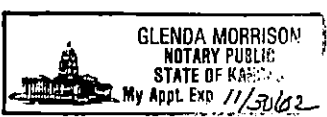
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sagebrush Operating, LLC

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 19 day of August, 2002

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OK