

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

WELL PLUGGING RECORD
K.A.R. 82-3-117

15-077-00869-00-00

API NUMBER Drilled 1954

LEASE NAME Ryan

WELL NUMBER #2

 Ft. from N/S Section Line

 Ft. from E/W Section Line

SEC. 13 TWP. 31S RGE. 9 ~~X85X86~~ (W)

COUNTY Harper

Date Well Completed 1954

Plugging Commenced 9-1-99

Plugging Completed 9-7-99

RECEIVED
KANSAS CORP COM.
TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.
1999 SEP -9 A 11:54
9-9-99

LEASE OPERATOR Hays Oil & Gas

ADDRESS P.O. Box 108, Attica, KS 67009

PHONE# 316 254-7204 OPERATORS LICENSE NO. 5429

Character of Well Good

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

The plugging proposal was approved on 9-1-99 (date)

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

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

Producing Formation Miss Depth to Top 4385 Bottom 4436 T.D. 4455

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	190	None
				5 1/2	4455	3000

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.

Swap test, lay down RBP, packer and tubing, sand hole back to 4270, dump 5sx cement with bailor stretch, cut pipe at 3000, lay down casing, tally and run 2 3/8 tubint to 1360, load hole and spot 35sx, pull tubing to 765 and spot 35sx, pull tubing to 253 and circulat to surface 60/40 4% jel, lay down tubing.

(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: Hays Oil & Gas

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 filed that the same are true and correct, so help me God.



(Signature) Alan Vratil

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 7 day of September, 19 99

Glenda Morrison
Notary Public

My Commission Expires: 11/30/04