

15-025-20483-00-00

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 15-025-20483-00-00

LEASE NAME Barby

TYPE OR PRINT

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

WELL NUMBER 5-21

990 Ft. from N / S Section Line

330 Ft. from E / W Section Line

RECEIVED

AUG 23 2002

KCC WICHITA

LEASE OPERATOR C.H. Todd, Inc.

ADDRESS 100 S. Main, Suite 415, Wichita, KS 67202

PHONE # 316-264-7566 OPERATOR'S LICENSE NO. 5055

Character of Well good

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

SEC. 21 TWP. 34S RGE. 21 (E) or (W)

COUNTY Clark

Date Well Completed _____

Plugging Commenced 8/2/2002

Plugging Completed 8/16/2002

The plugging proposal was approved on 7/25/2002 (date)

by Steve Durant (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 4292 Bottom 4298 T. D. 4353

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	95'	None
				8 5/8	809	None
				4 1/2	4390	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.

Lay down rods and tubing, sand well back to 4220', dump 4sx portland cement with dump bailer, stretch and cut 4 1/2 at 3000'

Lay down 4 1/2,

8/16/2002 - Allied pump 300 hulls, 10sx jel, 50 sx cement, 10 jel, 100 hulls, 8 5/8 wiper, 150 sx 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

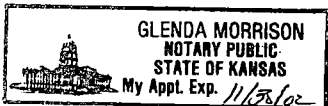
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: C.H. Todd, Inc.

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 19 day of August, 2002

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OR