

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

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

15-025-20542-00-00  
API NUMBER 15-025-20542-00-00

LEASE NAME Barby

WELL NUMBER 2-27

330 Ft. from N / S Section Line

916 Ft. from E / W Section Line

RECEIVED  
AUG 23 2002  
KCC WICHITA  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

LEASE OPERATOR C.H. Todd, Inc.

SEC. 27 TWP. 34S RGE. 21 (E) or (W)

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

COUNTY Clark

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

Date Well Completed \_\_\_\_\_

Character of Well good

Plugging Commenced 7/31/2002

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

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 4322 Bottom 4326 T. D. 4449

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	154'	None
				8 5/8	849	None
				4 1/2	4478	3100

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 4250', dump 4sx portland cement with dump bailer, stretch and cut 4 1/2 at 3100'

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.)

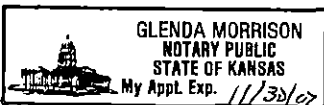
Name of Plugging Contractor Clarke Corporation License No. 5105

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

gr