

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 15-097-20966-0001

LEASE NAME Unruh

WELL NUMBER 1-22

2310 Ft. from South Section Line

1980 Ft. from East Section Line

SEC 22 TWP 29S RGE 18 West

COUNTY Kiowa

Date Well Completed _____

Plugging Commenced 7/10/2000

Plugging Completed 7/12/2000

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Larson Operating Company
A Division of Larson Engineering, Inc.

ADDRESS 562 West Highway 4 Olmitz, KS 67564-8561

PHONE # (316) 653-7368 OPERATORS LICENSE NO. 3842

Character of Well gas

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

The plugging proposal was approved on 7/7/2000 (date)

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

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

Producing Formation Mississippi Depth to Top 4862' Bottom 4876' T.D. 4951'

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
Mississippi	gas	4862'	4876'	8-5/8"	515'	0
				5-1/2"	4944'	2349'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or 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.

Sanded bottom. Bailed 5 sx Portland. Shot 2349'. Pulled to 1250'. Allied pumped 11 gel 50 sx 3 gel. Pulled to 545'. Pumped 50 sx. Pulled to 40'. Pumped 10 sx. Laid last joint down. Hole stayed full. Plugged w/ 110 sx 60-40 poz w/ 6% gel.

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

Name of Plugging Contractor Quality Well Service License No. 31925

Address 415 East Main Street, Sterling, KS 67579

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Larson Operating Company, A Div. of Larson Engineering, Inc.

STATE OF KANSAS COUNTY OF BARTON, ss.

Thomas Larson (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) Thomas Larson

(Address) 562 West Highway 4 Olmitz, KS 67564-8561

SWORN TO before me this 4th day of December, 20 00

Carol S. Larson
Carol S. Larson

RECEIVED
STATE CORPORATION COMMISSION

DEC 5 2000
My Commission Expires: June 25, 2001
CONSERVATION DIVISION
Wichita, Kansas

CAROL S. LARSON
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 6-25-01

Notary Public
[Signature]
Form CP-4
Revised 05-88