STATE (KANSAS STATE CORPORATION COMMISSION 190 South Market Room 2078

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

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API NUMBER LEASE NAME Sale Wichita, Kansas 67202 RECEIVED WELL NUMBER SWD, Docket#D-26930 MANSAS CORP COPYPE OR PRINT NOTICE: Fill out completely And return to Cons. Div. 4950 Ft. from N/S Section Line 1999 JUN 15 office Within 60 days. 4950 _ Ft. from E/W Section Line SEC. 8 TWP. 27s RGE. 9 XXXXX (W) LEASE OPERATOR Daystarr Petroleum, Inc. ADDRESS 1321 W. 93rd N, Valley Center, KS 67147 COUNTY Kingman PHONE# 316 755-3523 OPERATORS LICENSE NO. 30931 Date Well Completed Character of Well <u>Good</u> Plugging Commenced 6-8-99 (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 6-11-99 The plugging proposal was approved on $_{-}$ 6-8-99 by <u>Butch Hobright</u> (KCC District Agent's Name). Is ACO-1 filed? yes If not, is well log attached? ______ Producing Formation <u>Arbuckle</u> Depth to Top<u>4449</u> Bottom 4605 T.D. 4605 Miss 4016 3987 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS To Formation From Size Put in Pulled out Content 311 8 5/8 None 2600 14449 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 charactor of same and depth placed, from ____feet to ____feet each set. String out of model D packer and lay down disposal string, set CIBP 4060, sand well back to 3900, dump 5sx cement with dump bailor, stretch and cut pipe at 2600, lay down 5½ casing, run 2 3/8 tubing to 1260, load hole and spot 35sx, pull tubing to 815 and spot 35sx, pull tubing to 363, circulate to surface 60/40, 6% jel, lay down tubing (If additional description is necessary, use BACK of this form.) _____ License No._5105 Name of Plugging Contractor Clarke Corporation Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Daystar Petroleum Inc. STATE OF <u>Kansas</u> COUNTY OF <u>Barber</u> ___ (Employee of Operator) or (Operator) of above described well, being first Alan Vratil duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the abovedescribed well as filed that the same are true and correct, so help me God. (Signature) GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appl. Exp. 11/30/49 (Address) <u>Medicine Lodge, KS 67104</u> SUBSCRIBED AND SWORN TO before me this 14 day of June , 1999 Alondo Mouson

My Commission Expires: 11/30/04

Notary Public