

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

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

15-155-01698-0000

API NUMBER Drilled before 1967

LEASE NAME Guebbel

WELL NUMBER 4

330 Ft. from (N)S Section Line

660 Ft. from (E)W Section Line

SEC. 29 TWP. 26s RGE. 4 ~~XXXXX~~ (W)

COUNTY Reno

Date Well Completed _____

Plugging Commenced 1-20-99

Plugging Completed 1-26-99

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

LEASE OPERATOR Mach Petroleum Inc.

ADDRESS P.O. Box 35583, Tulsa, OK 74153

PHONE# 918 496-0442 OPERATORS LICENSE NO. 30146

Character of Well _____

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

The plugging proposal was approved on 1-20-99 (date)

by Butch Hobright (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 3966 Bottom 3972 T.D. 4032

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	224	None
				5 1/2	4015	3200

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 3870, dump 5sx cement with dump bailer, stretch and cut pipe at 3200, lay down 5 1/2 casing, run 2 3/8 tubing to 784 and load hole and spot 35sx pull tubing to 392 and pump 165sx, did not bring cement to surface 60/40 4%, push 8 5/8 wiper to 280 and circulate to surface with 70sx 60/40 4%-3%cc, lay down tubing.

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

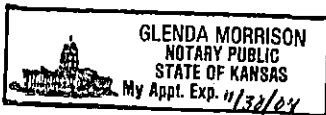
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mach Petroleum 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 filed that the same are true and correct, so help me God.



(Signature) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 27 day of January 1999

[Handwritten Signature]
Notary Public

My Commission Expires: 11/30/04

1-28-99

RECORDED
INDEXED
JAN 28 1999
KANSAS STATE CORPORATION COMMISSION