

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-155-20,367-00-01

LEASE NAME Kimple

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

WELL NUMBER 1

660 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 4 TWP. 24S RGE. 9W (E) or (W)

COUNTY Reno

Date Well Completed 1/5/1977

Plugging Commenced 5-21-03

Plugging Completed 5-26-03

EASE OPERATOR Oil Tech Producers Corporation

ADDRESS P.O. Box 740 Moundridge, Kansas 67107

PHONE# (620) 345-8634 OPERATORS LICENSE NO. 7216

Character of Well SWD

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

The plugging proposal was approved on _____ (date)

by Jack Luthi (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 3820'

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"	254'	None
				4-1/2"	3819'	2020'

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 plugging material is used, state the character of same and depth placed, from _____ feet to _____ feet each section. Plugged off bottom with sand to 3680' and 4 sacks cement. Shot pipe loose @2020', pulled up to 1350', pumped 100# hulls and 35 sacks cement, pulled up to 900', pumped 100# hulls and 35 sacks cement, pulled up to 300', circulated 100 sacks cement, topped off with 30 sacks cement. Plugging Complete. 60/40 pos, 4% gel.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

RECEIVED
6-12-03
JUN 12 2003

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mike's Testing & Salvage, Inc.

STATE OF Kansas COUNTY OF Rice, ss. KCC WICHITA

Mike Kelso (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 11th day of June, 2003

[Signature]
Notary Public

My Commission Expires:

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-05