

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

WELL PLUGGING RECORD
K.A.R.-02-3-117

API NUMBER 15-185-10999-0000

LEASE NAME Hoover

WELL NUMBER 1

330 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 29 TWP. 24S RGE. 13W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 8-29-02

Plugging Completed 9-4-02

RECEIVED
SEP 11 2002
KCC WICHITA
9-11-2002

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

LEASE OPERATOR MERLIN D. ROGERS

ADDRESS R.R. #2 Box 53 St. John, Kansas 67576

PHONE (620) 549-3430 OPERATORS LICENSE NO. 31793

Character of Well Oil

Well, Gas, D&A, SWD, Input, Water Supply Well

A plugging proposal was approved on _____ (date)

Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 4191'

Flow 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"	290'	None
				5-1/2"	4188'	2010'

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 are used, state the character of same and depth placed, from _____ feet to _____ feet each. Plugged off bottom with sand to 3750' and 5 sacks cement. Shot pipe @2400', 2200' & 2010' pulled up to 800', pumped 10 sacks gel and 50 sacks cement w/100# hulls, pulled up to 240', pumped 50 sacks cement, pulled up to 40' and topped off to surface with 10 sacks cement. 60/40 pos. 6% gel. Plugging Complete.

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

Address P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: Merlin D. Rogers

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) 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) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 9th day of September, 2002

[Signature]
Notary Public

My Commission Expires: _____

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