

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

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

RECEIVED 8-15-2002
AUG 15 2002
KCC WICHITA

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

API NUMBER 15-185-1099200-00

LEASE NAME Toland

WELL NUMBER 1

 Ft. from S Section Line

 Ft. from E Section Line

SEC. 28 TWP. 14 RGE. 13W (E) or (W)

COUNTY Stafford

Date Well Completed

Plugging Commenced 8-7-02

Plugging Completed 8-12-02

LEASE OPERATOR REGINALD D. FISHER

ADDRESS 110 N. Exchange St. John, Kansas 67576

PHONE (620) 549-6528 OPERATORS LICENSE NO. 3493

Character of Well Oil

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

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.D. 4178'

Give depth and thickness of all water, oil and gas formations.

WELL LOG, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	226'	None
				5-1/2"	4173'	300'

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 was used, state the character of same and depth placed, from feet to feet each sack. Plugged off bottom with sand to 3700' and 5 sacks cement. Shot pipe @2800', pipe parted @300', layed casing down. Ran 2-7/8" tubing to 850', pumped 375 sacks cement and circulated to surface. Pulled tubing out and topped off with 5 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: Reginald D. Fisher

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

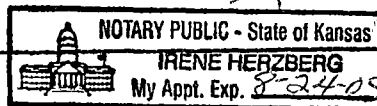
Subscribed and sworn to before me this 14th day of August, 2002.
I, the undersigned, a Notary Public in and for the State of Kansas, do hereby certify that the above statements, and matters herein contained and the log of the above-described well as filed therewith are true and correct, so help me God.

(Signature) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 14th day of August, 2002

My Commission Expires:



Notary Public