

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

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

API NUMBER 15-185-20620-00-00
~~5520620~~

RECEIVED
2-5-03
FEB 05 2003

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

LEASE NAME Suiter-English Reid
WELL NUMBER 1-14
1010 Ft. from S Section Line
780 Ft. from E Section Line
SEC. 14 TWP. 24S RGE. 15W (E) or (W)
COUNTY Stafford

LEASE OPERATOR KCC WICHITA
Northern Lights Oil Co., LC
ADDRESS P.O. Box 164 Andover, Kansas 67002

PHONE (316) 733-1515 OPERATORS LICENSE NO. 54748

Character of Well SWD

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

Date Well Completed _____
Plugging Commenced 1-30-03
Plugging Completed 1-31-03

The plugging proposal was approved on _____ (date)
Steve Durant (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4380'
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"	527'	None
				4-1/2"	4372'	1810'

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 of cement used.
Plugged off bottom with sand to 4060' and 4 sacks cement. Shot casing @1810', pulled up to 1000', pumped 10 sacks gel and 50 sacks cement, pulled up to 550', pumped 50 sacks cement and 100# hulls, pulled up to 40' and circulated 25 sacks cement to surface, 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: Northern Lights Oil Co., Inc.

STATE OF Kansas COUNTY OF Rice, ss.

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 3rd day of February, 2003

[Signature]
Notary Public

My Commission Expires:

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 2-24-05

Form CP
Revised 05-