

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

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-093-20711-00-00

LEASE NAME MARVIN

WELL NUMBER 1

1320 Ft. from S Section Line

3960 Ft. from E Section Line

SEC. 16 TWP. 21 RGE. 37 (E) or (W)

COUNTY Kearny

Date Well Completed 8/1/80

Plugging Commenced 9/18/02

Plugging Completed 10/07/02

RECEIVED
OCT 21 2002
KCC WICHITA

10-21-02

TYPE OR PRINT

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

LEASE OPERATOR OSBORN HEIRS COMPANY

ADDRESS P.O. Box 17968, San Antonio, Texas 78217

PHONE(S) (210) 826-0700 OPERATORS LICENSE NO. 5249

Character of Well Gas

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

The plugging proposal was approved on 9/16/02 (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Chase Depth to Top 2672 Bottom 2797 T.D. 2806

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
<u>Chase/2672</u>	<u>Gas & Water</u>	<u>0</u>	<u>341</u>	<u>8 5/8"</u>	<u>341 ft.</u>	<u>0</u>
<u>Council Grove</u>	<u>Gas & Water</u>	<u>0</u>	<u>2806</u>	<u>5 1/2"</u>	<u>2806 ft.</u>	<u>0</u>

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 plug were used, state the character of same and depth placed, from ___ feet to ___ feet each set

(SEE REVERSE)

Name of Plugging Contractor SWIFT SERVICES, INC. License No. 32382

Address P.O. BOX 466, NESS CITY, KS. 67560

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OSBORN HEIRS COMPANY

STATE OF TEXAS COUNTY OF BEXAR, ss.

Nancy A. FitzSimon, Engineering Manager (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 the the same are true and correct, so help me God.

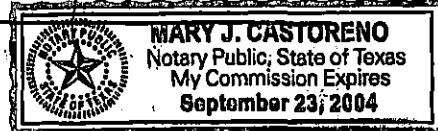
(Signature) Nancy A. FitzSimon

(Address) P.O. BOX 17968, San Antonio, TX 78217

SUBSCRIBED AND SWORN TO before me this 17th day of October 2002

Mary J. Castoreno
Notary Public

My Commission Expires: _____



Plugging Record

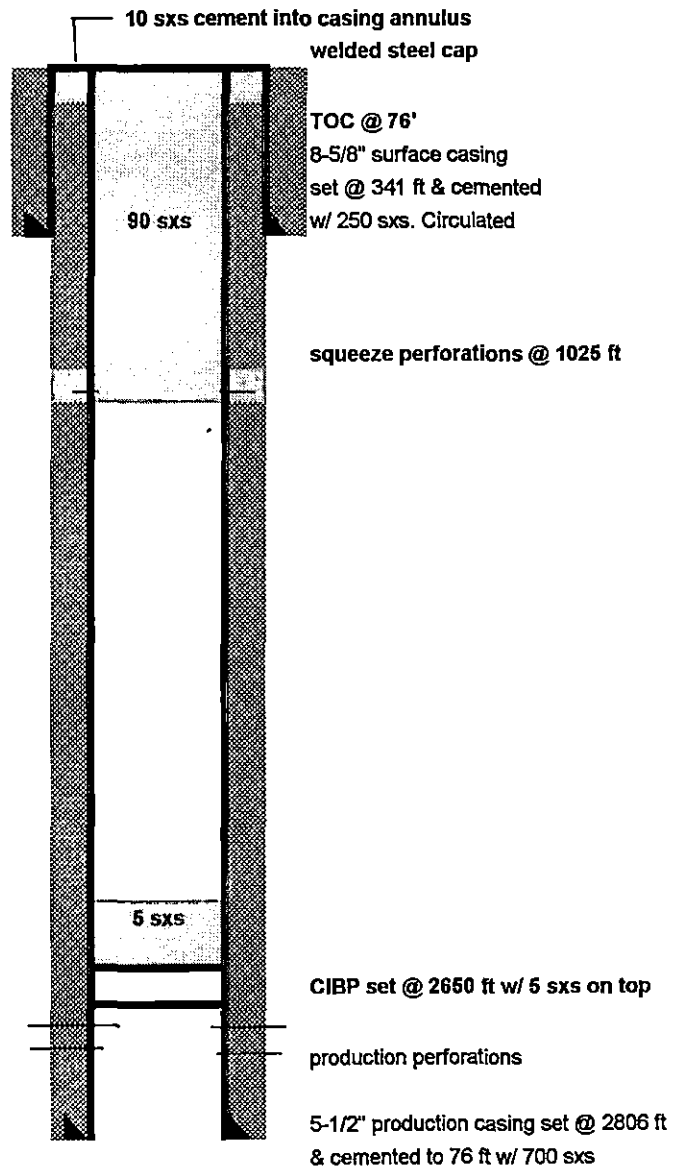
Marvin #1

The well was plugged as follows:

Plug No. 1 - RIH with CIBP. Set at 2650 ft. Dumped 5 sxs cement on top. Loaded hole with water. Pressured casing to 500 psi. Held OK.

Plug No. 2 - Ran CBL from 1200 ft to surface. Found top of cement behind 5-1/2" casing at 76 ft. Perforated 5-1/2" casing at 1025 ft with 4 holes. Broke down perforations. Pumped 90 sxs cement down 5-1/2". Pumped 10 sxs into 5-1/2" x 8-5/8" annulus from surface. Left cement to surface.

Plug No. 3 - Cut casings at 6 ft below ground level. Welded steel plate on top. Restored location.





CHARGE TO:
OSBORN HEERS CO.

ADDRESS

CITY, STATE, ZIP CODE

TICKET
NO 4826

15-093-26711-0000

PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-H	LEASE MARVEN	COUNTY/PARISH KEARNEY	STATE KS	CITY	DATE 9-25-02	OWNER SAME
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR NONE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOUISIANA	ORDER NO.	
3.	WELL TYPE GAS	WELL CATEGORY ABANDONED	JOB PURPOSE PTA	WELL PERMIT NO.	WELL LOCATION SW / KEARNEY, KS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104		25	MI		2.50	62.50
576		1			PUMP SERVICE		1	JOB		500.00	500.00
378		1			SWIFT LIGHT 60/40 P02 - 6906EL		100	SKS		5.65	565.00
581		1			SERVICE CHARGE CEMENT		100	SKS		1.00	100.00
583		1			BERYAGE		3570	UBS	TM	.75	257.10

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED: 9-25-02 TIME SIGNED: 1830 -A.M. -P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	1484.60
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	78.168
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	1563.28
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *[Signature]* APPROVAL:

Thank You!

