

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

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

API NUMBER 15-185-12952-00-00

LEASE NAME Mellies

WELL NUMBER 4

3690 Ft. from S Section Line

1680 Ft. from E Section Line

SEC. 1 TWP. 22 RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed 1953

Plugging Commenced 9-20-01

Plugging Completed 9-24-01

RECEIVED

10-10-01 OCT 10 2001

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

KCC WICHITA

LEASE OPERATOR Alpha Management Corporation

ADDRESS 1501 SE 66th, Suite B, Okla. City, OK. 73149

PHONE# (405) 235-0523 OPERATORS LICENSE NO. 6067

Character of Well Oil

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

This plugging proposal was approved on _____ (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3620'

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"	250'	None
				5-1/2"	3619'	1700'

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 side.
Plugged off bottom with sand to 2350' and 5 sacks cement. Shot pipe @1702'. Layed down casing. Ran tubing to 1400', pumped 15 sks. gel, 500# hulls, 50 sks. cement, pulled tubing to 600'. pumped 50 sks. cement, pulled to 280', pumped 100 cement. Didn't circulate, pumped 100 sks. cement and circulated to surface. Pulled tubing out and topped off with 20 sks cement 60/40 pos. Plugging Complete. 6% gel.

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: Alpha Management Corporation

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 5th day of October 2001

[Signature]
Notary Public

My Commission Expires: _____

