

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 15-185-12953-00-00

LEASE NAME Mellies

WELL NUMBER #5

3300 Ft. from S Section Line

1615 Ft. from E Section Line

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

COUNTY Stafford

Date Well Completed 1953

Plugging Commenced 9-24-01

Plugging Completed 9-26-01

RECEIVED

OCT 10 2001
10-10-2001
KCC WICHITA

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

LEASE OPERATOR Alpha Management Corporation

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

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

Character of Well Oil

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

This plugging proposal was approved on _____ (date)

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. 3602'

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
				10-3/4"	220'	None
				7"	3602'	1523'

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 offbottom with sand to 3300' and 7 sacks cement. Shot casing @1523', layed casing down. Ran tubing to 1320', pumped 20 sks. gel, 200# hulls, 75 sks. cement & 100# hulls. Didn't circulate. Pumped 39 sks. gel, 200# hulls & 50 sks. cement, pulled tubing to 650'; pumped 75 sks. cement, pulled to 250' and circulated 125 sks. cement to surface. 60/40 pos. 6% gel. Pulled tubing out, 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: Alpha Management Corporation

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

do hereby certify that the 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:

