

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 10 S. Market, Room 2070
 Wichita, KS 67202

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

15-185-20914-00
 API NUMBER Comp. 6-4-79

LEASE NAME Shumway

WELL NUMBER 1

150 Ft. from S Section Line

150 Ft. from E Section Line

SEC. 27 TWP. 21 RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 3-23-01

Plugging Completed 3-26-01

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

LEASE OPERATOR L.D. Drilling, Inc.

ADDRESS R.R. 1 Box 183 B Great Bend, Kansas 67530

PHONE (316) 793-3051 OPERATORS LICENSE NO. 6039

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3635'

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"	310'	None
				5-1/2"	3634'	2610'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid 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 side. Plugged off bottom with sand to 3300' and 5 sks. cement, shot pipe @2610', pulled up to 660', pumped 10 sks. gel and 50 sks. cement, pulled up to 340', pumped 50 sks. cement, pulled up to 40' and circulated 25 sks. 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: L.D. Drilling, Inc.

STATE OF Kansas COUNTY OF Rice

Mike Kelso (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed in the same are true and correct, so help me God.

(Signature) Mike Kelso

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

SUBSCRIBED AND SWORN TO before me this 28th day of March, 2001

Irene Herzberg
 Notary Public

My Commission Expires: _____

IRENE HERZBERG
 State of Kansas
 My Appt. Exp. Aug. 24, 2001

Form CP
 Revised 05-