

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-185-21508.0001

LEASE NAME Herb A #1

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

WELL NUMBER 1

2327 Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 15 TWP. 21 SRGE. 13 SECTION (W)

COUNTY Stafford

LEASE OPERATOR Daystar Petroleum, Inc.

ADDRESS 1321 W. 93rd N. Valley Center, Ks. 67147

PHONE (816) 755-3523 OPERATORS LICENSE NO. 30931

Character of Well Oil

(Oil, Gas, O&A, SMD, Input, Water Supply Well)

Date Well Completed _____

Plugging Commenced 12-7-95

Plugging Completed 12-12-95

The plugging proposal was approved on _____ (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 3688'

Show depth and thickness of all water, oil and gas formations.

RECEIVED
KANSAS CORPORATION COMMISSION
12-21-1995
DEC 21 1995

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	288'	none
				5 1/2"	3688'	1718'

CONSERVATION DIVISION
WICHITA, KS

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
Plugged off bottom with sand to 3343' and 5 sacks cement. Shot pipe at 2715', and @ 2402', @2218', @2014', @1809', @ 1721'. Pulled casing. Pumped 400# hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100# hulls, shut in at 500#.
Release plug and pumped 125 sacks cement. (60/40 POZ) Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 209 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Daystar Petroleum, Inc. Valley Center, Ks.

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 statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this 20th day of December, 19 95

[Signature]
Notary Public

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires:



Form CP-4
Revised 05-88