

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

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

TYPE OR PRINT
NOTICE: Fill out Completely
and return to coms. div.
office within 30 days.

API NUMBER 15-159-21586 - 00-00
LEASE NAME Engelland
WELL NUMBER 1
330 ft. from ^N Section Line
990 ft. from E Section Line
SEC. 10 TWP. 21 RGE. 7 (E) or (W)
COUNTY Rice

LEASE OPERATOR Quality Well Service, Inc.
ADDRESS 401 West Main, Lyons, KS 67554
PHONE # (620) 727-3410 OPERATORS LICENSE NO. 31925
Character of well oil

Date Well Completed _____
Plugging Commenced 1/23/02
Plugging Completed 1/28/02

(Oil, Gas, D&A, SWD, input, Water Supply Well)
The plugging proposal was approved on 1/23/02 (date)
by Doug Louis (XCC District Agent's Name)

Is ACO-1 filed? yes if not, Is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3352
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	215	none
				5 1/2	3444	2650

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 were used, state the character of same and depth placed, from _____ feet to _____ feet each set
Sand at 3296, baled 5 sacks cement. Shot pipe at 2650, worked free. Pulled pipe to 1050, pumped 35 sacks cement. Pulled to 625, pumped 35 sacks cement. Pulled to 260, circulated cement to surface with 65 sacks. Pulled rest of casing.

RECEIVED

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925
Address 401 West Main, Lyons, KS 67554 FEB - 6 2002

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Quality Well service, Inc.
STATE OF Kansas COUNTY OF Rice CONSERVATION DIVISION, ss.

F Joseph Maes (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 filled that the same are true and correct, so help me God.

(Signature) Joseph Maes
(Address) 401 West Main, Lyons, KS 67554

SUBSCRIBED AND SWORN TO before me 4th day of Feb., 2002

Margaret Melcher
Notary Public

My commission Expires GARET MELCHER
NOTARY PUBLIC
State of Kansas
My Appointment Exp. 2-15-03

Form CP-4
Revised 05-88

OR