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.

ADI NILIMBED /5	-113-21170-00-00					
LEASE NAME	B Stucky					
WELL NUMBER	1					
2970	0.4. 0.0 11.11					

		office within 30 days.			2310		_ ft. from	ft. from S Section Line
							ft. from E Section Line	
	S & H Oilfield Entrepr	icec			SEC. 15	TWP. 20	RGE.	3 (E) or (W)
LEASE OPERATOR					COUNTY M	lcPherso	n	
	88, Moundridge, KS 671	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
PHONE # (620) 345-8700 OPERATORS LICENSE NO. 6159					Date Well Completed			
Character of well Oil				1/10/02				
(Oil, Gas, D&A, SWD,	input, Water Supply Well)				Plugging Con	npleted	1710702	
The plugging proposal wa	as approved on1/1	5/02						(date)
by Doug Louis								t Agent's Name).
Is ACO-1 filed?	yes if not, is w	ell log attache	d ?	not availa	ble to us			
Producing Formation —	[Depth to Top _			Bottom		T.D	3700
Show depth and thicknes OIL, GAS OR WATER	s of all water, oil and gas for	mations		040	NO DECORD			
Formation	Content	From	То	Size	Put in	Pulled o		
		1104				1 diled of	щ	
				8 5/8	221	none		
				5 1/2	3211	1830		
						1		
	,						,	
Sand at 2972, baled pumped 165 sacks cellar.	l 5 sacks cement. Shot cement. Pulled pipe ar	pipe at 183 nd tore dowr	0, pulled n. Cemer	to 530, pur nt fell to 11	nped 35 sac 5, ran poly in	ks cemer well, rec	nt. Pulled emented	to 330, and filled
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
Name of Plugging Contra	Quality Well Serv	ice, Inc.			Lioopoo	349	25~/~,,	3-1-02
401 \	West Main, Lyons, KS 6	7554			License	: NO		ED
Address —		\$&	H Oilfield	Entreprise	.e		! // 	002
, ,	ONSIBLE FOR PLUGGING F					KC	? I///	~ Q.(*)
STATE OF You	<u>sas</u>	cou	NTY OF \angle	no Phe	<u>r504</u>		, sechi	TA
Hank	<u> Giemens</u>				Employee o			
	well, being first dul							
	natters herein conta e and correct, so he			of the ab	ove - descri	ibed wel	l as fille	ed that
the same are true	e and correct, so m	sip me do	u.	(Signature)	1 Jun	ih L	Trem	<u> </u>
				(Address)	P.O. B	ox 10	08 M	locustride o K
SHBS	CRIBED AND SWORN TO	hefore me	28+1	day of	Feb	- /		20.02
0000	CHURCH PART OFFICIAL TO	POINTE IIIE —		– الانتان المنان ال	Male.)		······································	
_	An annual action make				Notary Public	;		
N.	fly commission Expires:	A NOTA	ARY PUBLIC - (State of Kansas	<u> </u>			Form CP-4

JANICE L. GRABER
My Appt. Exp. 5-8-02

OR

Revised 05-88