

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-097-20,599-00-00

LEASE NAME Wollery

WELL NUMBER 3-19

1980 Ft. from N Section Line

1320 Ft. from E Section Line

SEC. 19 TWP. 30S RGE. 20W (E) or (W)

COUNTY Kiowa

Date Well Completed _____

Plugging Commenced 9-5-01

Plugging Completed 9-11-01

RECEIVED

SEP 24 2001

KCC WICHITA

EASE OPERATOR Indian Oil Co., Inc.

ADDRESS P.O.Box 209 2507 SE US 160 Hwy, Medicine Lodge, Ks. 67104

PHONE# (620) 886-3763 OPERATORS LICENSE NO. 31938

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

By Steve Middleton (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5220'

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"	612'	None
				4-1/2"	5219'	3800'

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 side. Plugged off bottom with sand to 5038' and 4 sks. cement. Shot pipe @3800', plugged surface with 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls, 8-5/8" wiper plug and 150 sks. cement. 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: Indian Oil Company, Inc.

State of Kansas County of Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

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 20th day of September XX 2001

[Signature]
Notary Public

My Commission Expires: _____

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-05

Form CP
Revised 05-

OR