

STATE OF KANSAS  
STATE CORPORATION  
COMMISSION  
130 South Market Street, 2078  
Wichita, Kansas 67202

RECEIVED

JUL 20 2001

CONSERVATION DIVISION

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

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

API NUMBER 15-095-21789-00-00

LEASE NAME Rohlman

WELL NUMBER 1

1980 Ft. from (N) S Section Line

660 Ft. from (E) W Section Line

LEASE OPERATOR Midco Exploration Inc.

ADDRESS 414 Plaza Drive, #204, Westmont IL 60559

PHONE # 316-786-9166 OPERATOR'S LICENSE NO. 5457

Character of Well New Gas

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

The plugging proposal was approved on 7/13/2001 (date)

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

is ACO-1 filed? No If not, is well log attached? Yes

Producing Formation Swope Depth to Top 3814 Bottom 3816 T. D. CIBP-3834

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
			<u>Surf</u>	8 5/8	255	None
			<u>Prod</u>	4 1/2	4230	3200

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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 hole back to 3740 and dump 4sx portland cement with dump bailer, stretch and cut 4 1/2 casing at 3200, lay down 4 1/2, run 2 3/8 to 1210, Allied load hole with jel and spot 35sx cement, pull 2 3/8 to 710 and spot 35sx, pull 2 3/8 to 307 and circulate to surface, 60/40, 4% jel, lay down 2 3/8

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

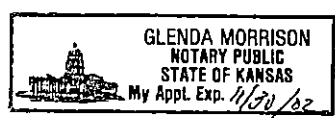
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Midco Exploration Inc.

STATE OF Kansas COUNTY of Barber, ss.

Alan Vratil (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) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 18 day of July,

[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2002

OR