KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

LEASE OPERATOR: A A PRODUCTION

Address: PO BOX 100 HILL CITY KS 67642
Phone: (785) 421-6266 Operator License #: 33076

Type of Well: SWD
Docket #: D16,217

The plugging proposal was approved on: 02-13-06 (Date)
by: KCC HAYS OFFICE PER STATE REGULATIONS (KCC District Agent's Name)

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

Producing Formation(s): List All (If needed attach another sheet)

Depth to Top: T.D.

Depth to Top: T.D.

Oil, Gas or Water Records

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put In</th>
<th>Pulled Out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 1/2</td>
<td>1875</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe in detail the manner in which the well is 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 depth placed from (bottom) to (top) for each plug set:

DUG DOWN TO SURFACE PIPE; PUMPED DOWN PIPE 50 SACKS 60/40 POZ WITH 10% GEL; PRESSURE TO 600

POUNDS SHUT IN

Name of Plugging Contractor: ALLIED CEMENTING COMPANY, INC
Address: PO BOX 31 RUSSELL KS 67665-0031

Name of Party Responsible for Plugging Fees: A A PRODUCTION
State of KANSAS County, GRAHAM
ANDY ANDERSON (Employee of Operator) or (Operator) on 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 is as filed and the same are true and correct, so help me God.

(Signature) ANDY ANDERSON
(Address) PO BOX 100 HILL CITY KS 67642

SUBSCRIBED and SWORN TO before me this 16TH day of FEBRUARY 2006

RITA A. ANDERSON Notary Public

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202
To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE

PRINTED NAME

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**ALLIED CEMENTING CO., INC.**

Federal Tax I.D. # 96-0240997

**SERVICE POINT:**

**DATE:** 06-16-06  **SEC:** 83  **TWP:** 12  **RANGE:** 24  **CALLED OUT:**

**LEASE:** WELL 51-W  **LOCATION:** WAGONER NT 2 POLICE

**JOB START:** 11:00 AM  **JOB FINISH:**

**COUNTY:** WAGONER  **STATE:**

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**CONTRACTOR**

**TYPE OF JOB:** 61-5

**HOLE SIZE:** T.D.

**CASING SIZE:** DEPTH

**TUBING SIZE:** DEPTH

**DRILL PIPE:** DEPTH

**TOOL:** DEPTH

**PRESS. MAX:** MINIMUM

**MEAS. LINE:** SHOE JOINT

**CEMENT LEFT IN CSG.:**

**PERFS.:**

**DISPLACEMENT:**

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**OWNER**

**CEMENT**

**AMOUNT ORDERED:** 10,000  **RECEIVED:** 9,980

**COMMON**

**POZMIX**

**GEL**

**CHLORIDE**

**ASC**

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**EQUIPMENT**

**PUMP TRUCK**

# 401  **Cementer:** B. L.  **Helper:**

**BULK TRUCK**

#  **DRIVER:**

**BULK TRUCK**

#  **DRIVER:**

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**REMARKS:**

_Fill your 0 to 5 cu. w 50 ft. Inc.

_Feeds to 600 ft. _0.10 ft.

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**CHARGE TO:** A. B. Production

**STREET:**

**CITY**

**STATE**

**ZIP**

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**SERVICE**

**DEPTH OF JOB**

**PUMP TRUCK CHARGE**

**EXTRA FOOTAGE**

**MILEAGE**

**MANIFOLD**

**TOTAL**

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**PLUG & FLOAT EQUIPMENT**

**TOTAL**

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**TAX**

**TOTAL CHARGE**

**DISCOUNT**

**IF PAID IN 30 DAYS**

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**PRINTED NAME**