



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

August 22, 2016

Mark Veenker
Veenker Resources, Inc.
PO BOX 14339
OKLAHOMA CITY, OK 73113-0339

Re: Plugging Application
API 15-011-22263-00-00
MEDCALF 24
SE/4 Sec.07-24S-22E
Bourbon County, Kansas

Dear Mark Veenker:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after February 22, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The February 22, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 3

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 7208
Name W. R. H. Ne. Weaver
Address Rt #2
City/State/Zip Colony, Ks. 66015

Purchaser Eureka Coode

Operator Contact Person Cheri Graves
Phone 316-468-2050

Contractor: License # 6056
Name Black Diamond

Wellsite Geologist.....
Phone.....

- Designate Type of Completion
- New Well Re-Entry Workover
 - Oil SWD Temp Abd
 - Gas Inj Delayed Comp.
 - Dry Other (Core, Water Supply etc.)

If OWW: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable

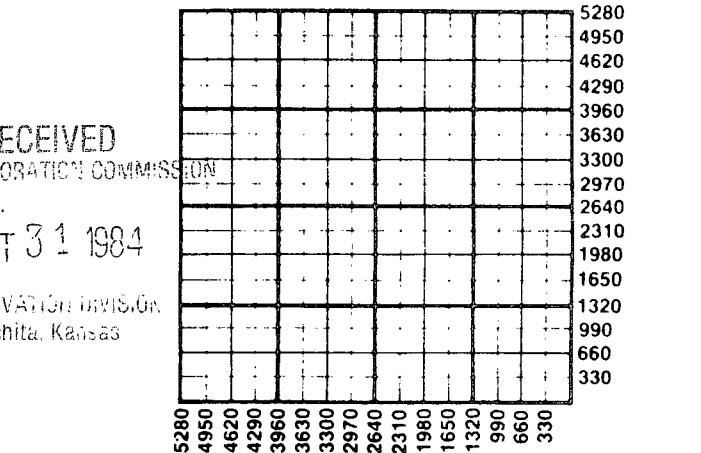
6-14-84 6-16-84 7-30-84
Spud Date Date Reached TD Completion Date

740 N/A
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 20 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from 736 feet depth to Surface SX cmt

API NO. 15-011-22, 263
County Bowebon
..... NW Sec 7 Twp 24 Rge 22 East West
..... 155 Ft North from Southeast Corner of Section
..... 1290 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Section Plat



Lease Name Medcalf Well # 24
Field Name BRONSON - XENIA
Producing Formation Barthesville
Elevation: Ground.....KB.....

WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West

Other (explain)..... (purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply.
Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months.
One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Lois A. Cleaver
Title Owner Date Oct 30, 84
Subscribed and sworn to before me this 30 day of Oct 1984
Notary Public Cheri Graves
Date Commission Expires 9-28-88



K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Sec 7, Twp 24, Rge 22 E

SIDE TWO

Operator Name Lorraine Clever Lease Name Medcalf Well # 24
 Sec. 7 Twp. 24 Rge. 22 East West County Bourbon

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

Core 670-684

Perf 675-681

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|--|---------------------------|----------------|--|----------------------|-------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (in O.D.) | Weight Lbs/Ft. | Setting Depth | Type of Cement | #Sacks Used | Type and Percent Additives |
| Surface Production | 5 1/8 | 6 5/8 2 1/2 | | 20 736 | Portland Portland | 84 | 650 - |
| PERFORATION RECORD | | | | Acid, Fracture, Shot, Cement Squeeze Record | | | |
| Shots Per Foot | Specify Footage of Each Interval Perforated | | | (Amount and Kind of Material Used) | | Depth | |
| 10 | 670-682 | | | 2 1/8" Alum. Shots | | | |
| TUBING RECORD | | | | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Date of First Production | Producing Method | | | | | | |
| 7-30-84 | <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain)..... | | | | | | |
| Estimated Production Per 24 Hours | Oil | Gas | Water | Gas-Oil Ratio | | Gravity | |
| | Bbls | MCF | Bbls | CFPB | | | |

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Sold Used on Lease
 Open Hole Perforation Other (Specify)
 Dually Completed Commingled

OCT 31 1984

IF DAY WORK, SAY SO UNDER "REMARKS"
CONSERVATION DIVISION
Wichita, Kansas

DRILLING REPORT

IMPORTANT—This report must be accurate and MAILED promptly.

Medcalf

FARM SEC.

TWP.

RANGE

WELL NO. 24

DATE

June 14

19 84

| TOUR HOURS WORKED | FROM | TO | TOUR HOURS WORKED | FROM | TO | TOUR HOURS WORKED | FROM | TO |
|-----------------------------|--|--------------------|-----------------------------|-----------------------------------|---------------------|-----------------------------|--|-----------|
| Drilled from | Soil & clay | 0 ft. to 4 ft. | Drilled from | 20' Lime | 456 ft. to 475 ft. | Drilled from | | |
| Formation | Lime | 4 ft. to 60 ft. | Formation | bl shale | 475 ft. to 480 ft. | Formation | | |
| Formation | bl shale | 60 ft. to 63 ft. | Formation | 5' Lime | 480 ft. to 488 ft. | Formation | | |
| Formation | Lime | 63 ft. to 79 ft. | Formation | bl shale | 488 ft. to 491 ft. | Formation | | |
| Formation | bl shale | 79 ft. to 82 ft. | Formation | Shale w/ sandy shale | 491 ft. to 675 ft. | Formation | | |
| Formation | Lime | 82 ft. to 132 ft. | Formation | Sand w/ good show | 675 ft. to 682 ft. | Formation | | |
| Formation | big shale | 132 ft. to 282 ft. | Formation | shale | 682 ft. to 740 T.D. | Formation | | |
| Formation | Lime | 282 ft. to 310 ft. | Formation | | | Formation | | |
| Set | 6 5/8 inch casing at | 310 ft. to 382 ft. | Set | | | Set | | |
| Underreamed from | Lime | to 382 - 412 ft. | Underreamed from | | | Underreamed from | | |
| Straight reamed from | Shale | to 412 - 456 ft. | Straight reamed from | | | Straight reamed from | | |
| Bailers of water per hr. at | | | Bailers of water per hr. at | | | Bailers of water per hr. at | | |
| Carrying | Bailers water per hr. Bailer size | in. x ft. | Carrying | Bailers water per hr. Bailer size | in. x ft. | Carrying | Bailers water per hr. Bailer size | in. x ft. |
| REMARKS: | Set 20 ft. of 6 5/8 surface pipe cement to top | | REMARKS: | Core 670 - 684 | | REMARKS: | Ran 736 ft of 2 1/2" Prod EUP Seating nipple @ 672 | |
| | | | | Perf 675 - 681 | | | Total Depth 740 | |
| Signed | Driller | | Signed | Driller | | Signed | Driller | |
| Signed | Tool Dresser | | Signed | Tool Dresser | | Signed | Tool Dresser | |

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 7208
Name Loraine Cleaver
Address Route # 2
City/State/Zip Colony, Kansas 66015

Purchaser Eureka Crude Purchasing Box 190
Eureka, Kansas 67045

Operator Contact Person Cheri Graves
Phone 316-468-2050 or 316-365-3540
Loraine Cleaver

Contractor: License # 6056
Name Black Diamond Drilling Company
Same as above

Wellsite Geologist
Phone

Designate Type of Completion

X New Well Re-Entry Workover
X Oil SWD Temp Abd
Gas Inj Delayed Comp.
Dry Other (Core, Water Supply etc.)

If OWO: old well info as follows:

Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:

X Mud Rotary Air Rotary Cable

6-14-84 6-16-84 7-30-85
Spud Date Date Reached TD Completion Date
740 N/A
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 20 feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set feet
If alternate 2 completion, cement circulated from 736 feet depth to Surface, 84 SX cmt
Cement Company Name Portland: Consolidated Well
Invoice # 51466

API NO. 15-011-22-263
County Bourbon
NW Sec. 7 Twp. 24 Rge. 22 East West

4125 Ft North from Southeast Corner of Section
3795 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

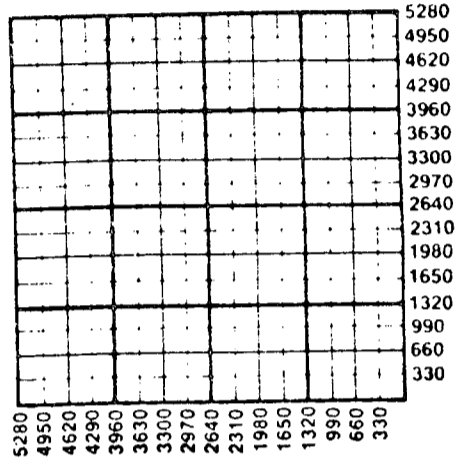
Lease Name Medcalf Well # 24

Field Name Bronson/ Xaina

Producing Formation Bartlesville

Elevation: Ground KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North from Southeast Corner (Well) Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water Ft North from Southeast Corner (Stream, pond etc) Ft West from Southeast Corner Sec Twp Rge East West

Other (explain) (purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply.

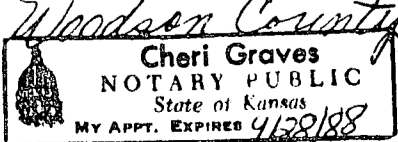
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All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Loraine Cleaver
Title Owner Date 10-30-84

Subscribed and sworn to before me this 30 day of October 1984
Notary Public Cheri Graves

Date Commission Expires September 28, 1988



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)

Sec 7, Twp 24, Rge 22

SIDE TWO

Operator Name Lorraine Cleaver Lease Name Medcalf Well # 24

Sec. 7 Twp. 24 Rge. 22 East West County Bourbon

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Soil & Clay 0-4
 Lime 4-60
 Black Shale 60-63
 Lime 63-79
 Black Shale 79-82
 Lime 82-132
 Big Shale 132-282
 Lime 282-310
 Shale 310-382
 Lime 382-412
 Shale 412-456
 20' Lime 456-475
 Black Shale 475-480
 5' Lime 480-488
 Black Shale 488-491
 Shalew/Sndy Shale 491-675
 Sandw/Good Show 675-682
 Shale 682-740
 TD 740

Name Top Bottom

Core 670' - 684'

Seating Nipple @ 672

Perf. 675' - 681'

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

| Purpose of String | Size Hole Drilled | Size Casing Set (in O.D.) | Weight Lbs/Ft. | Setting Depth | Type of Cement | #Sacks Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|----------------|---------------|----------------|-------------|----------------------------|
| Surface | 10 | 6-5/8" | | 20 | Portland | 6 | 60/40-A |
| Production | 5-1/8" | 2-1/2" | | 736 | Portland | 84 | 6% Gal |

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record

| Shots Per Foot | Specify Footage of Each Interval Perforated | (Amount and Kind of Material Used) | Depth |
|----------------|---|------------------------------------|-------|
| 10 | 676' - 682' | 2-1/8" Alum Shots | |

| TUBING RECORD | Size | Set At | Packer at | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|-----------|--|
|---------------|------|--------|-----------|-----------|--|

| Date of First Production | Producing Method |
|--------------------------|---|
| 7-30-84 | <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain) |

| Estimated Production Per 24 Hours | Oil | Gas | Water | Gas-Oil Ratio | Gravity |
|-----------------------------------|----------|----------|-------|---------------|---------|
| | 2.0 Bbls | TSNA MCF | Bbls | CFFB | |

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed Commingled

DEC 20 1985

CONSERVATION DIVISION
 Wichita, Kansas

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

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Purchaser Eureka Crude Purchasing, Box 190
Eureka, Kansas 67045

Operator Contact Person Cheri Graves
Phone 316-468-2050 or 316-365-3540
Lorraine Cleaver

Contractor: License # 6056
Name Black Diamond Drilling Company
same as above

Wellsite Geologist
Phone

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:

Mud Rotary Air Rotary Cable

6-14-84 6-16-84 7-30-85
Spud Date Date Reached TD Completion Date

740 N/A
Total Depth PBTD

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API NO. 15-011-22,263
County Bourbon
NW Sec. 7 Twp. 24 Rge. 22 East

4125 Ft North from Southeast Corner of Section
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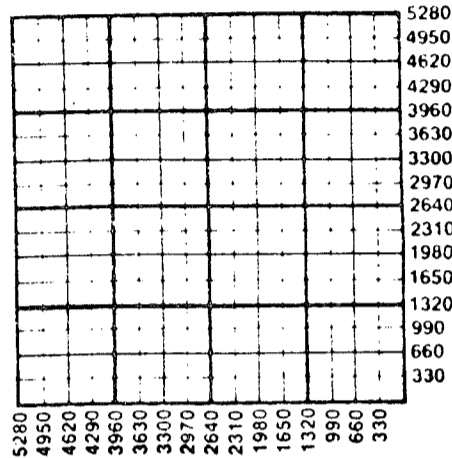
Lease Name Medcalf Well # 24

Field Name Bronson/ Xeina

Producing Formation Bartlesville

Elevation: Ground KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

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Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North from Southeast Corner
(Well) Ft West from Southeast Corner of
Sec Twp Rge East West

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(Stream, pond etc) Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain)
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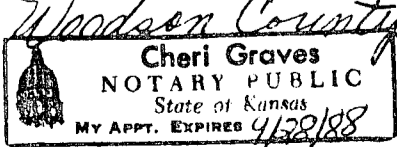
Signature Loraine Cleaver

Title Owner Date 10-30-84

Subscribed and sworn to before me this 30 day of October 1984

Notary Public Cheri Graves

Date Commission Expires September 28, 1988



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Sec. 7 Twp. 24 Rge. 22 E

SIDE TWO

Operator Name Lorraine Cleaver Lease Name Medcalf Well # 24

Sec. 7 Twp. 24 Rge. 22 East West County Bourbon

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

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 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Soil & Clay 0-4
 Lime 4-60
 Black Shale 60-63
 Lime 63-79
 Black Shale 79-82
 Lime 82-132
 Big Shale 132-282
 Lime 282-310
 Shale 310-382
 Lime 382-412
 Shale 412-456
 20' Lime 456-475
 Black Shale 475-480
 5' Lime 480-488
 Black Shale 488-491
 Shalew/Sndy Shale 491-675
 Sandw/Good Show 675-682
 Shale 682-740
 TD 740

Name Top Bottom

Core 670' - 684'

Seating Nipple @ 672

Perf. 675' - 681'

CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

| Purpose of String | Size Hole Drilled | Size Casing Set (in O.D.) | Weight Lbs/Ft. | Setting Depth | Type of Cement | #Sacks Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|----------------|---------------|----------------|-------------|----------------------------|
| Surface | 10 | 6-5/8" | | 20 | Portland | 6 | 60/40-Ar |
| Production | 5-1/8" | 2-1/2" | | 736 | Portland | 84 | 6% Gal |

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record

| Shots Per Foot | Specify Footage of Each Interval Perforated | (Amount and Kind of Material Used) | Depth |
|----------------|---|------------------------------------|-------|
| 10 | 676' - 682' | 2-1/8" Alum Shots | |

| TUBING RECORD | Size | Set At | Packer at | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|-----------|--|
| | | | | | |

Date of First Production 7-30-84 Producing Method Flowing Pumping Gas Lift Other (explain).....

| Estimated Production Per 24 Hours | Oil | Gas | Water | Gas-Oil Ratio | Gravity |
|-----------------------------------|----------|----------|-------|---------------|---------|
| | 2.0 Bbls | TSNA MCF | Bbls | | CFPB |

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed Commingled

STATE OF

DEC 20 1985

CONSERVATION DIVISION
 Wichita, Kansas