| STATE  | OE I | (ANS/ | ۱5 🧳  |       |       |
|--------|------|-------|-------|-------|-------|
| STATE  | CORF | PORAT | FION  | COMMI | SSION |
| 200 Co | lora | ido ( | erby) | Buil  | ding  |
| Wichit | a, K | Cansa | s 6   | 7202  |       |

| 15- | 147   | -14 | 041 | -0 | 6- | 0 | 0 |
|-----|-------|-----|-----|----|----|---|---|
|     | NUMBE |     |     |    |    |   |   |

| STATE OF KANSAS STATE CORPORATION COMMISSION                                                     | WELL PLUGGING RECORD K.A.R82-3-117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 15-14/-14091-00-00<br>API NUMBER |                                    |                                         |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|------------------------------------|-----------------------------------------|
| 200 Colorado Derby Building<br>Wichita, Kansas 67202                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | LEASE NA                         | ME Schlu                           | ntz                                     |
|                                                                                                  | TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                  |                                    | 8 Section Line                          |
| •                                                                                                | office within 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                  |                                    | Section Line                            |
| LEASE OPERATOR Graham-Michaelis Corporaion                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                  |                                    | • <u>18W</u> (£)or(W)                   |
| ADDRESS P.O. Box 232 Russ                                                                        | sell, KS. 67665                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | COUNTY _                         | Philli                             | ps                                      |
| PHONE#(913) 483-3136 OPERA                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Date Wel                         | 1 Completed                        |                                         |
| Character of Well Oil                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Plugging                         | Commenced                          | 9-24-90                                 |
| (OII, Gas, D&A, SWD, Input, Wa                                                                   | ter Supply Well)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                  |                                    | 10-4-90                                 |
| The plugging proposal was appr                                                                   | oved on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                  | •                                  | (date)                                  |
| ьу                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                  |                                    | gent's Name).                           |
| Is ACO-1 filed?If                                                                                | not, is well log at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tached?                          |                                  |                                    |                                         |
| Producing Formation                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                  |                                    |                                         |
| Show depth and thickness of al                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                  |                                    |                                         |
| OIL, GAS OR WATER RECORDS                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                | ASING RECOR                      | RD                                 |                                         |
| Formation Content                                                                                | From To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Size                             | Put in                           | Pulled out                         |                                         |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 5/8"                           | 217'                             | none                               |                                         |
| · · · · · · · · · · · · · · · · · · ·                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 1/2"                           | <u>3619</u>                      | 1141                               |                                         |
| 1400', 1200'                                                                                     | ade need in introduc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | pth plac<br>1 sacks<br>1 own 8 5 | ed, from cement S                | feet to<br>Shot pipe<br>sacks 65/3 | feet each set.<br>@1600',<br>35 poz and |
| (If additional desc                                                                              | ription is necessary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , use BA                         | CK of this                       | form.)                             |                                         |
| Name of Plugging Contractor                                                                      | KELSO CASING PUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LING. I                          | NC.                              | Icense No                          | 6050                                    |
| Address P.O. Box 347 Ch                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                  |                                    | ,                                       |
| NAME OF PARTY RESPONSIBLE FOR                                                                    | PLUGGING FEES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Graham-                          | -Michaeli                        | s COrporat                         | tion                                    |
| STATE OF Kansas                                                                                  | COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rice                             |                                  | _, ss.                             | 10-19-90                                |
| R. Darrell                                                                                       | Kelso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (                                | Employee of                      | Operator)                          | or Tope Pallon of                       |
| above-described well, being fi<br>statements, and matters here<br>the same are true and correct, | in contained and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o log of                         | : That I hathe above-c           | 10301 1000 40                      | e of the facts,                         |
|                                                                                                  | ( A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (ddress)                         | P.O. Box                         | x 347 Chas                         | se,KS. 67524                            |
| SUBSCRIBED AN                                                                                    | ID SWORN TO before me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | this                             | 18 day 0                         | of Oct.                            | ,19 90                                  |
|                                                                                                  | Me district the second of the |                                  | Alone                            | Il rube                            | 19                                      |

My Commission Expires

IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

## DRILLER'S LOG 16-147-19041-00-00

| COMPANY: CONTRACTOR: FARM: LOCATION: COMMENCED: COMPLETED:                    |                                                                                  | FELDT-MAYTAG & COMPANY LEBEN DRILLING, INC. SCHLUNTZ #8 C NE SE SEC. 19-1S-18W PHILLIPS COUNTY, KANSAS 9-30-60 10-7-60                                |  |  |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 0<br>85<br>217<br>800<br>1540<br>1790<br>1820<br>1945<br>2325<br>2545<br>2845 | 85<br>217<br>800<br>1540<br>1790<br>1820<br>1945<br>2325<br>2545<br>2845<br>3078 | Surface Soil & Shale Shale Shale Shale, Sand & Shells Shale Anhydrite Shale w/ Lime Shale & Chalk Shale & Lime Shale & Lime Shale & Lime Shale & Lime |  |  |  |

Set 8 5/8" surface casing @ 217' with 150 sacks of Quick Set.

Shale & Lime

Rotary Total Depth

Lime Lime Lime

Lime

I, Frank Hamlin, do hereby certify that the above and foregoing is a true and correct copy of the log of the Schluntz #8, located C NE SE of Section 19, Township 1 South, Range 18 West, Phillips County, Kansas, as reflected by the files of Leben Drilling, Inc.

STATE OF KANSAS

3230

3590 3620

3620

SS

COUNTY OF SEDGWICK)

CUNSERVATION BIVISION Wichita, Kansas Subscribed and sworn to before me, a Notary Public, in and for Sedgwick County, Kansas, this 12th day of October, 1960.

My Commission Expires: July 27, 1964