| SFATE OF KANSAS<br>STATE CORPORATION COMMISSION<br>200 Colorado Derby Building<br>Wichita, Kansas 67202                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | WELL PLUGGING RECORD<br>K.A.R82-3-177                                                     |    |            | API NUMBER <u>15-147-20,246</u> LEASE NAME <u>Grau B</u> |                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------|----|------------|----------------------------------------------------------|-------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days. |    |            | WELL NUMBER _2                                           |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                           |    |            | 990 Ft. from S Section Line                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                           |    |            | 4290                                                     | 4290 Ft. from E Section Line                    |  |
| LEASE OPERATOR R.P. Nixon Operations, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                           |    |            | SEC. 35 TW                                               | /P. <u>3S</u> RGE. <u>19W</u> (E)or( <u>W</u> ) |  |
| ADDRESS 207 West 12th Street Hays, KS 67601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                                           |    |            | COUNTY Phillips                                          |                                                 |  |
| PHONE #(913)_628-3834_ OPERATORS LICENSE NO5252                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                           |    |            | Date Well Completed 10-13-78                             |                                                 |  |
| Character of Well Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                                                           |    |            | Plugging Commenced 10-26-94                              |                                                 |  |
| (Oil, Gas, D&A, SWD. Input, Water Supply Well)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                           |    |            | Plugging Completed 10-26-94                              |                                                 |  |
| The plugging proposal was approved on 10-26-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                           |    |            |                                                          |                                                 |  |
| by <u>Carl Goodrow</u> (KCC District Agent's Name).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                           |    |            |                                                          |                                                 |  |
| Is ACO-1 Filed? ves If not, is well log attached?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                           |    |            |                                                          |                                                 |  |
| Producing Formation <u>L/KC</u> Depth to Top <u>3207'</u> Bottom T.D. <u>3303'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                           |    |            |                                                          |                                                 |  |
| Show depth and thickness of all water, oil and gas formations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                           |    |            |                                                          |                                                 |  |
| OIL, GAS, OR WATER RECORDS   CASING RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                           |    |            |                                                          |                                                 |  |
| Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Content | From                                                                                      | То | Size       | Put in                                                   | Pulled out                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                           |    | 8%"        | 218′                                                     | None                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                           |    | 5½"        | 3222′                                                    | None                                            |  |
| Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.  Perf'd one hole at 925' & 1500'. Pumped down 5½" casing w/250 sx of 60/40 Poz., 10% gel & 500# hulls.  Max. pressure was 300# and shut-in was 100#. Tied on to 5½" backside and pumped 25 sx of same blend.  ISIP was 200#.  (If additional description is necessary, use BACK of this form.) |         |                                                                                           |    |            |                                                          |                                                 |  |
| Name of Plugging Contractor_Jay-Lan Corp. License No5128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                           |    |            |                                                          |                                                 |  |
| Address 207 West 12th St. Hays, KS 67601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                           |    |            |                                                          |                                                 |  |
| NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: R.P. Nixon Oper. Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                           |    |            |                                                          |                                                 |  |
| STATE OF_Kansas COUNTY OF_Ellis,ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                           |    |            |                                                          |                                                 |  |
| Dan Nixon  (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.                                                                                                                                                                                                                                                                                    |         |                                                                                           |    |            |                                                          |                                                 |  |
| (Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                                                           |    | Signature) | ss) 207 W. 12th Havs KS 67600 Commission                 |                                                 |  |
| (Address) <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                           |    |            | 7 W. 12th H                                              | avs, KS 676QAE COMM                             |  |

My Commission Expires: 5-24-9

wember characters of the control of SUBSCRIBED AND SWORN TO before me this 30th day of