STATE OF KANSAS STATE CORPORATION COMMISSION WELL PLUGGING RECORD K.A.R.-82-3-117 API NUMBER 15-039-20,085-00-0/ 200 Coloradan Der byr Build Int gommission Wichita, Kansas 67202 LEASE NAME Petracek TIAN 0 8 2002 TYPE OR PRINT WELL NUMBER ______ ____ NOTICE: Fill out completely CONSERVATION DIVISION office within 30 days. <u>4730'</u> Ft. from (S) Section Line _550 __ Ft. from (E) Section Line LEASE OPERATOR Ritchie Exploration, Inc. SEC. 23 TWP. 45 RGE. 27 (E) or (W) ADDRESS P.O. Box 783188, Wichita, KS 67278-3188 COUNTY Decatur PHONE#(318 691-5900 OPERATORS LICENSE NO. 4767 Date Well Completed <u>5/8/69</u> Character of Well Ott. Plugging Commenced $\frac{11/7/01}{}$ (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 11/7/01The plugging proposal was approved on $\underline{ ext{November 7, 2001}}$ by _____ Dennis Hamel _____ (KCC District Agent's Name). Is ACO-1 filed? Yes If not, is well log attached? Producing Format.ion <u>Lansing/KC</u> Depth to Top 3482! Bottom 3675! T.D. 3925! Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Put In Pulled out Lansing/KC 3482 | 3675 | 8 625 | 282 | Oil/Bring 39201 2072 with 450 sx. 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. Plug 4 1/2" casing with 205 sacks of 60/40 POZ with 8% gel and 400 pounds of hulls. Maximum pressure 800 PSI shut in at 700 PSI. Had instant pressure to 300 PSI. Plugging completed. down annulus. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Allied Cementing, Inc. License No. Address P.O. Box 31. Russell. KS 67665-0031 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ritchie Exploration, Inc. STATE OF Kansas COUNTY OF Sedgwick

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 (Employee of Operator) or (Operator) of the same are true and correct, so help me God. (Signature)

(Address) P.O. Box 783188 Wichita, KS

SUBSCRIBED AND SWORN TO before me this 7th day of Jones 12 2002 67278-3188

My Commission Expires:

My Appt. Expires 10 27 03

Form CP-4