STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15 163 22 STATE CORPORATION COMMISSION K.A.R.-82-3-117 130 S. Market, Room 2078 15-163-20842-00-01 LEASE NAME TAYLOR # Wichita, KS 67202 WELL NUMBER TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days. Ft. from S/N Line of Section (circle one) Ft. from E/W Line of Section (circle one) LEASE OPERATOR FLORENCE E TAYLOR SPOT LOCATION 21 -065 - 19W. ADDRESS 812 MIMOSA SEC. 21 TWP. 10 S. RGE 9 (E) or (W) CITY, STATE, ZIP MANHATTAN KS 66502 COUNTY PHONE#(913) 539 9290 OPERATORS LICENSE NO. 9002 Date Well Completed Date Plugging Commenced 8-22-9(Oil, Gas, D&A, SWD, Input, Water Supply Well) Date Plugging Completed $\hat{g} - ZZ$ The plugging proposal was approved on 8-22-95(date) (KCC District Agent's Name) Is ACO-1 filed?_____ If not, is well log attached?_____ Depth to Top 3616 Bottom ______ T.D.____ Producing Formation(s) Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS PULL OUT то SIZE PUT IN FORMATION FROM Described 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. 250 Sacks 60-40 PC STATE CORPORATION (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor ALLIED CEMENT CO Address RUSSELL NAME OF PARTY RESPONDIBLE FOR PLUGGING FEES: F. TAYLOR ____ COUNTY OF_ ROOKS

___ (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.

(Signature) Inhouse (Address)

SUBSCRIBED AND SWORN TO before me this-

A. JEINLIGHT C. ROMSON CONTROL OF MANUAL STREET