KANSAS CORPORATION COMMISSION 15-111-19007-00-00 CONSERVATION DIVISION WELL PLUGGING RECORD API NUMBER NA Drilled 1962 WICHETA STATE OFF. BUILDING K-A-R--82-3-117 130 S MARKET ROOM 2078 WICHITA KS 6729RECEIVED LEASE NAME Nuessen WELL NUMBER B-3 TYPE OR PRINT MAY 1 8 2006 NOTICE: Fill out completely Ft. from S Section Line and return to Cons. Div. office within 30 days. 18 067 KCC WICHITA Ft. from E Section Line par per: (E)) SEC. 31 TWP. 21 SRGE. 12 (E)) OF (W) LEASE OPERATOR Schankie Well Service, Inc. COUNTY Lyon ADDRESS 1006 SW Blvd. PO Box 397 Madison. KS 66860 PHONE ₹ 620 1437 - 2595 OPERATORS LICENSE NO. 6470 Date Well Completed 4-07-62 Character of Well Oil Plugging Commenced 3-16-06 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed \_\_3-17-06 The plugging proposal was approved on 3-16-06 (date) by Mike Heffern, District #3 (KCC District Agent's Name). Is ACO-1 filed? No \_\_\_\_\_ If not, is well log attached? Yes Producing Formation Bartlesville Depth to Top 1904' 8ottom 1908' T.D.1908' Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content Put in Size Pulled out 8 5/8" 106' None 1903' 540' 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.

Spot cement plug down 2 3/8" tubing @ 1845' w/5sx cement & 3sx gel, Hit bridge @ 570' Ripped pipe @ 540', Spot cement plug down 4½"casing @ 510' w/17sx cement & 2sx gel, Spot cement plug down 4½" casing @ 150' w/40sx cement to surface (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Schankie Well Service, Inc. License No. 6470 Address 1006 SW Blvd, PO Box 397 Madison, KS 66860 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Schankie Well Service, Inc. STATE OF Kansas COUNTY OF Greenwood Randall Schankie, Secretary statements, and matters herein contained and the log of the above described well

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, the same are true and correct, so help me God. (Signature)

(Address) PO Box 397 Madison, KS 66860

day of Warch , De 2006

Carol R. Bolens CRIBED AND SWORN TO before me this 29th NOTARY PUBLIC State of Kansas
My Appr. Expires

rel R. Bolen Notary Public

My Commission Expires: