STATE OF KANSAS
STATE CORPORATION COMMISSION
Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:

15-173-02074-00-02

## WELL PLUGGING RECORD

| Wichita, Kansas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***************************************                                                               | Sedgwick                                                                                                                                                                           | Con                                                        | nty. Sec. I9                         | Twp. 275 Rm                                  | e 2 (F) (T                                |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|----------------------------------------------|-------------------------------------------|--|--|--|--|
| NORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Location as "I                                                                                        | County. Sec. 19 Twp. 27S. Rge. 2 (E) (W Location as "NE/CNW¼SW¼" or footage from lines NW SE                                                                                       |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lease Owner Abe Stekoll Oil Co                                                                        |                                                                                                                                                                                    |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lease Name Trustee Well No.                                                                           |                                                                                                                                                                                    |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | Office Address Box 244 Tulsa Okla.                                                                                                                                                 |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date well com                                                                                         | Character of Well (completed as Oil, Gas or Dry Hole)  Date well completed                                                                                                         |                                                            |                                      |                                              |                                           |  |  |  |  |
| i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Application fo                                                                                        | r plugging filed                                                                                                                                                                   |                                                            |                                      | (===04-00-00-00-00-00-00-00-00-00-00-00-00-0 | 19                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application fo                                                                                        | Application for plugging filed                                                                                                                                                     |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plugging comm                                                                                         | Application for plugging approved                                                                                                                                                  |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plugging comp                                                                                         | Plugging completed Dec 5 1993                                                                                                                                                      |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reason for ab                                                                                         | Reason for abandonment of well or producing formation not Producing Commercial quanity of oil                                                                                      |                                                            |                                      |                                              |                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | not Froducing Commercial quanity of oil                                                               |                                                                                                                                                                                    |                                                            |                                      |                                              |                                           |  |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Was permission                                                                                        | If a producing well is abandoned, date of last production                                                                                                                          |                                                            |                                      |                                              |                                           |  |  |  |  |
| Locate well correctly on above<br>Section Plat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | menced?                                                                                               | monamed from                                                                                                                                                                       | ine Conserva<br>Yes                                        | tuon Division or                     | its agents being                             | ore plugging was con                      |  |  |  |  |
| Name of Conservation Agent who st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                    |                                                            |                                      |                                              |                                           |  |  |  |  |
| Producing formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | De                                                                                                    | pth to top. 2944                                                                                                                                                                   | ft Botton                                                  | <sub>m</sub> 2945 T                  | otal Depth of V                              | Vell 2945 Fe                              |  |  |  |  |
| Show depth and thickness of all wat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | er, oil and gas formation                                                                             | ons.                                                                                                                                                                               |                                                            |                                      | •                                            | •                                         |  |  |  |  |
| OIL, GAS OR WATER RECOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RDS                                                                                                   |                                                                                                                                                                                    |                                                            |                                      | ,                                            | CASING DECORD                             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                    | T                                                          |                                      |                                              | CASING RECORD                             |  |  |  |  |
| Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Content                                                                                               | From                                                                                                                                                                               | То                                                         | Size                                 | Put In                                       | Pulled Out                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                    |                                                            | 5 I/2 In                             | 2944 ft                                      | 2058 ft                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                    |                                                            | IO "                                 | TOE PI                                       | T = .O.L .                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                    |                                                            |                                      | IO5 ft                                       | Left in.                                  |  |  |  |  |
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| Correspondence regarding this v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If additional rell should be addressed                                                               | description is necessary                                                                                                                                                           | r, use BACK of                                             | this sheet)                          |                                              |                                           |  |  |  |  |
| Correspondence regarding this v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If additional rell should be addressed                                                               | description is necessary                                                                                                                                                           | r, use BACK of                                             | this sheet)                          |                                              |                                           |  |  |  |  |
| Correspondence regarding this v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (If additional rell should be addressed                                                               | description is necessary                                                                                                                                                           | r, use BACK of                                             | this sheet)                          |                                              |                                           |  |  |  |  |
| ddress P.O. Box 944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (If additional<br>rell should be addressed<br>Tulsa Okl                                               | description is necessary                                                                                                                                                           | r, use BACK of coll oil                                    | Co                                   |                                              |                                           |  |  |  |  |
| ddress P.O. Box 944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (If additional vell should be addressed Tulsa Okl                                                     | description is necessary il to. Abe Stellar                                                                                                                                        | r, use BACK of coll oil                                    | , ss                                 |                                              |                                           |  |  |  |  |
| TATE OF OREAL A. M. Stekel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (If additional rell should be addressed Tulsa Okl                                                     | description is necessary il to Abe Ste.                                                                                                                                            | v, use BACK of coll oil                                    | , ss                                 | nerstor) of the                              |                                           |  |  |  |  |
| TATE OF ORLANDING first duly sworn on oath, says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (If additional rell should be addressed Tulsa Okl                                                     | description is necessary i to Abe Ste                                                                                                                                              | v, use BACK of xoll oil                                    | , ss                                 | nerstor) of the                              |                                           |  |  |  |  |
| TATE OF ORLAND  Cing first duly sworn on oath, says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (If additional rell should be addressed Tulsa Okl                                                     | description is necessary if to Abe Stell .a.  TY OF (emp.) ge of the facts, state. So help me G                                                                                    | v, use BACK of xoll oil                                    | , ss                                 | nerstor) of the                              |                                           |  |  |  |  |
| TATE OF ORLANDING First duly sworn on oath, says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (If additional rell should be addressed Tulsa Okl                                                     | description is necessary I to Abe Stell Abe Stell Abe Stell Composition of the facts, stell Composition of the facts, stell Composition of the facts and the facts are considered. | loyee of owner od.                                         | ss or (owner or or or matters herein | nerstor) of the                              |                                           |  |  |  |  |
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| TATE OF ORLAND  Cing first duly sworn on oath, says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (If additional vell should be addressed Tulsa Okl                                                     | description is necessary I to Abe Stell Abe Stell Abe Stell Composition of the facts, stell Composition of the facts, stell Composition of the facts and the facts are considered. | loyee of owner od.                                         | ss (o matters herein of the Re       | perator) of the contained and t              | above-described well                      |  |  |  |  |
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| TATE OF ORLAND SHORE OF SUBSCRIBED AND SWORN TO before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (If additional vell should be addressed Tulsa Okl                                                     | description is necessary I to Abe Stel .a.  TY OF                                                                                                                                  | loyee of owner od.                                         | ss (o matters herein of the Re       | perator) of the contained and t              | above-described well he log of the above  |  |  |  |  |
| TATE OF ORLAND SERVICES OF SUBSCRIBED AND SWORN TO before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (If additional vell should be addressed Tulsa Okl                                                     | description is necessary I to Abe Stel .a.  TY OF                                                                                                                                  | c, use BACK of koll oil oil loyee of own atements, and od. | ss (o matters herein of the Re       | perator) of the contained and t              | above-described well he log of the above  |  |  |  |  |
| TATE OF ORLAND SWORN TO before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (If additional rell should be addressed Tulsa Oklama, COUN That I have knowledgame are true and corre | description is necessary I to Abe Stel .a.  TY OF                                                                                                                                  | loyee of own od.  A. A | ss (o matters herein of the Re       | perator) of the contained and t              | above-described well he log of the above- |  |  |  |  |

## 15-173-02074-00-00

DRITIER

H J Uhl

LEASE OWNER - Abe Stekoll Cil Co

WELL - Trustee #1A NW Se

Sec. 19-278-2E Sedgwick Co Kans

Commenced S Completed S

8-8-51

8-20-51 with Rotary Tools

(Also known as Trustee #13)

Cemented 105\* 10" Surface Pipe

| PORMATION                                                              |                              | PRO                          | -             |                            | ŢO.                    |         |
|------------------------------------------------------------------------|------------------------------|------------------------------|---------------|----------------------------|------------------------|---------|
| Shale and lime                                                         |                              | 108                          |               | M.                         | 510                    | •       |
| Line, shale and                                                        |                              |                              |               | 1.00) (1.00)<br>1.00(1.00) | 640                    |         |
| Lime and shale<br>Shells and shale                                     |                              | 640<br>790                   |               |                            | 790                    |         |
| Shale and lime :                                                       | hells                        |                              |               |                            | 1021                   | 1 No. 1 |
| Shale and lime<br>Lime and shale<br>Shale and lime<br>Shells and shale | Carrier Hiller press billion | DASI                         |               | (3)                        | 1380                   |         |
| Lime and shale                                                         |                              | 1580                         |               | 4.1                        | 1910                   |         |
| Phole and limb                                                         |                              | 1910                         |               |                            | 1990                   |         |
| buerta sud anale                                                       |                              | 1990                         |               |                            | 2125                   | Je '    |
| Lime Shale and lime Lime and shale Shale and shale Shale and lime s    | ing de s                     | 8805                         | North Control |                            | 2205                   |         |
| Lime and shale                                                         |                              | 2270                         |               |                            | 2319                   |         |
| 31x=10                                                                 |                              | 2319                         |               |                            | 2405                   |         |
| Male and lime s                                                        | hells                        | 2405                         |               |                            | 2475                   | 8 %     |
| lano<br>Timo ond dhelo                                                 | A Ag                         | DEEV!                        |               | 12.                        | 2550                   |         |
| Line                                                                   |                              | 2545                         |               | 14                         | 254 <b>8</b> 1<br>2650 |         |
| Lime Lime and shale Lime Lime and shale Lime and shale                 |                              | 2630                         |               | 1 1                        | 2650                   |         |
| St. metallians baselian 11 difference mind and baselians are 11.       | A 195 . 1 . 1                | -salied; live: units, artis. | ELV E         | -                          | 2815                   | 4,3     |
| Shale, Lime and                                                        |                              |                              |               |                            | 2870                   |         |
| Shells and shele<br>Shale and lime                                     | Madde                        | 8900°                        |               | , o                        | 2900<br>2945           |         |
| 닭 이 경우 이 트리스의 함시 중요시다.                                                 |                              |                              |               | * 3. ·                     | CARD.                  |         |
| 2.8                                                                    | Brancisco, inc.              | and the second               | We a          |                            | Marie 2 16 8           | ,       |

5½" pipe cemented at 2944'

TOTAL DEPTH 2945

Cemented

## AFFIDAVIT

STATE OF COUNTY OF Kensas Sedgwick as

I, Fred Maddox of the H. J. Uhl Drilling Company, being first duly sworn on oath, state: That I have knowledge of the facts, statements and matters herein contained and that the same are true and correct.

Subscribed and sworn to before me this 3rd day of May, 1952.

4-28-3-6

Notary Fublic

Fred madder

Philipping Adams

My Commission Expires