WELL PLUGGING RECORD / STAFE OF KANSAS API NUMBER 15-065 - 02743-00-00 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME M.G. Goff Wichita, Kansas 57202 WELL NUMBER #4 TYPE OR PRINT NOTICE: Fill out completely \_\_\_330 Ft. from S Section Line and return to Cons. Div. office within 30 days. 3300 Ft. from E Section Line LEASE OPERATOR Tomlinson Oil Co., Inc. SEC. 3 TWP. 8 RGE. 24 (XX) or (W) ADDRESS P.O. Box 1588 Great Bend, Ks. 67530 COUNTY Graham Date Well Completed 7-29-54 PHONE#(316) 792-2361 OPERATORS LICENSE NO. 5025 Character of Well Oil Plugging Commenced 9-14-88(Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 9-14-88 The plugging proposal was approved on 9-1-88(date) (KCC District Agent's Name). by Don Butcher Is ACO-1 filed? Yes If not, is well log attached?\_\_\_\_\_ Producing Formation <u>Lansing Kansas Cit</u>pepth to Top 3618 Bottom 3732 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS Put in Formation From Size Pulled out Content 129 8 5/8 Oil & Water 0 Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. Run 2024' 2" 8rd EUE tubing, open ended. Mixed 50 sks & pumped, mixed 3 sks hulls with 50 sks cement & circulated cement to surface inside 45" casing. Pulled tubing, tied to 8 5/8" annulus, mixed 2 sks hulls with 100 sks cement at 700# & shut in Tied to 43" casing, mixed with 3 sks of hulls & 160 sks of cement & shut in at 500#. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Allied Cementing Co. License No. Address Box 31 Russell, Kansas NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Tomlinson Oil Co., Inc. STATE OF Kansas COUNTY OF Barton ,ss. Joe Casper above-described well, being first duly sworn on oath, says: That I have knowledge of the facts,

(Employee of Operator) or (Operator) of statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature) /pe ( (Address) P.O. Box 1588 Gt. Bend, Ks. 67530 SHELLY SHELTON NOTARY PUBLIC STATE OF KANSAS RIBED AND SWORN TO before me this 19th day of September 19 88 My Appl. Exp. 23 helly he to My Commission Expires: July 8 Form CP-4 Revised 05-88