

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-173-208860000

LEASE NAME Edson "B"

WELL NUMBER 4

645' Ft. from N Section Line

990' Ft. from E Section Line

SEC. 12 TWP. 265 RGE. 2 (E) or (W)

COUNTY Sedgwick

Date Well Completed 12-30-95

Plugging Commenced 12-29-95

Plugging Completed 12-30-95

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR Ohaebosim Medical Clinic, Inc.

ADDRESS 2810 E. 21st Street

PHONE (316) 681-1901 OPERATORS LICENSE NO. 30178

Character of Well Dry Hole

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 12-29-95 (date)

by Randy/KCC Official (KCC District Agent's Name).

Is ACO-1 filed? No If not, Is well log attached? Yes

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.O. \_\_\_\_\_

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out

RECEIVED  
KANSAS CORPORATION  
1996 APR 3 12:12 PM  
4-3-96

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 plug were used, state the character of same and depth placed, from feet to feet each set.  
Plugging Instructions-SunCementing (Ticket #5030/35 SX @ 260 Ft.  
25 SX @ 60 Ft. 15 SX in Rathole. Chloride Count 2600 @TD.

Name of Plugging Contractor Jay McKenzie License No. 31617

Address P.O. Box 288/Yates Center, KS 66783

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ohaebosim Medical Clinic, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Henry L. Wofford - Production Supt. (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Henry L. Wofford

(Address) P.O. Box 789746, Wichita, KS 67278

SUBSCRIBED AND SWORN TO before me this 22 day of March, 19 96

Evelyn P. Horton  
Notary Public

My Commission Expires: Feb. 2, 1997

EVELYN P. HORTON  
Notary Public - State of Kansas  
My Appt. Expires Feb. 2, 1997

Form CP-4  
Revised 05-88