

API NUMBER 15015233930000

LEASE NAME Edson

WELL NUMBER 3

1475 Ft. from E Section Line

1480 Ft. from E Section Line

SEC. 7 TWP. 265 RGE. 3 (E) or (W)

COUNTY Butler

Date Well Completed 3-19-94

Plugging Commenced 3-19-94

Plugging Completed 3-19-94

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

LEASE OPERATOR Ohaebosim Medical Clinic, Inc.

ADDRESS 2810 East 21st Street, Wichita, Kansas 67214

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

Character of Well D & A

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

The plugging proposal was approved on 3-19-94 (date)

by Don Tompson (KCC District Agent's Name).

Is ACO-1 filed? No if not, is well log attached? No

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 3266

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

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

3-19-94 set 35 SX Plug @ 260' and 25 SX Plug @ 60' see Sun Cementing ticket # 4312

Name of Plugging Contractor Summit Drilling Co. Inc., License No. 30141

Address PO Box 2004, Emporia, Kansas 66801

RECEIVED
STATE CORPORATION COMMISSION

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

STATE OF Kansas COUNTY OF Sedgwick, ss.

H. L. Wofford/ Production Supt. (Employee of Operator) or Wichita, Kansas

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) H. L. Wofford

(Address) PO Box 780746, Wichita, Kansas 67278

SUBSCRIBED AND SWORN TO before me this 19 day of June, 1994

Linda K. Sherry
Notary Public

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires
LINDA K. SHERRY
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 12/94