15-065-30008-0000 WELL PLUGGING RECORD PATE OF KANSAS K.A.R.-82-3-117 H API NUMBER -December, 1964 STATE CORPORATION CONNISSION 200 Colorado Derby Building LEASE NAME Redline Unit Wichita, Kansas 67202 WELL NUMBER 3-2 TYPE OR PRINT NOTICE: Fill out completely 4720 Ft. from S Section Line and return to Cons. Div. office within 30 days. 1880 Ft. from E Section Line LEASE OPERATOR PETROLEUM, INC. SEC. 25 TWP. 9S RGE. 23 (XX) or (W) COUNTY Graham ADDRESS 301 N. Main - Suite 900, Wichita, KS 67202 PHONE# (316) 291-8200 OPERATORS LICENSE NO. 5238 Date Well Completed 12-12-64 Character of Well Oil Plugging Commenced ___11-7-89 .Plugging Completed 11-7-89 (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on _____November 7, 1989 by Dennis Hamel (KCC District Agent's Name). Is ACO-1 filed? No ____ If not, is well log attached? ____ Previously submitted Producing Formation LKC Depth to Top 3694 Bottom 3919 T.D. 3940 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Size Put In Pulled out 8 5/8" 221 **'** None 5 1/2" 3937**'** None 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. Perf. 2 holes @ 1990' and 1140'. Pmpd. 300 sx. 65/35 poz. mix, 10% gel, 1/4# flocele per sack and 4 sx. Hulls down 5 1/2" csg. Cmt. Pr. 900#, SIP 500#. Pmpd. 50 sx. 65/35 poz. mix, 10% gel, 1/4# flocele & l sack Hulls down 8 5/8" csg. Cmt. Pr. 300#, SIP 100#. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor B. J. Titan License No. NA Address P. O. Box 186, Plainville, KS 67663 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: PETROLEUM, INC. STATE OF Kansas COUNTY OF Sedgwick Paul Kreutzer above-described well, being statements, and matters herein contained one the same are true and corrects on t (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 filled that NOTATION BLEED A BOASHORN TO before me this 14 day of November STATE OF KANSAS 90 Wichita, Kansas STATE OF KANSAS 90 My Appt. Exp 3 20 - 70 Wichita, Kansas

My Commission Expires: 3-20-90

Notary