5-051-07071-00 WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 10-6-63 K.A.R.-82-3-117 STATE CORPORATION CONNISSION 200 Coforado Derby Building LEASE NAME Sisters Wichita, Kansas 67202 WELL NUMBER 37 TYPE OR PRINT NOTICE: Fill out completely Ft. from S Section Line and return to Cons. Div. office within 30 days. C W SW NM. from E Section Line LEASE OPERATOR Berexco, Inc. SEC. 20 TWP. 11 RGE. 15 (E) or ((W)) COUNTY Ellis ADDRESS Box 723 Havs, Kansas 67601 PHONE# (913 628 6101 OPERATORS LICENSE NO. 5363 Date Well Completed 10-6-63 Character of Well ___Oil Plugging Commenced 4-9-92 Plugging Completed 4-9-92 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on 4-9-92_____(date) (KCC District Agent's Name). by Herb Deines Is ACO-1 filed?_____If not, is well log attached?_____ Producing Formation Depth to Top Bottom T.D. 3407 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS To Size Put in Pulled out From Content Formation Surface 169 8 5/8 None 3404 None... Casing Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa 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 Pump 50 sk. 65/35 pos, 10% gel dwon annulus. Max. pressure 300#. Shut in pressure 200#. Pump 250 sk, 65/35 pos, 10% gel, with 500# hulls down 5½ max. pressure 500#. Shut in pressure 500# (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor Berexco, Inc. Address Box 723 Hays, Kansas 67601 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ____ Berexco, Inc. STATE OF Kansas County OF Filic (Employee of Operator) or (Operator) o Mr. Ted Crawford 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 flited) tha the same are true and correct, so help me God. NOTARY PUBLIC - State of Kansas (Signature)

(Address) BM 727

Ne Fary Public

ROSEMARY SMITH

SUBSCRIBED AND SWORN TO before me this

My Commission Expires: 5-1-1991

My Appt. Exp. 37/

Form CP-4 Revised 05-88