Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

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

OPERATOR: License #: 33971				API No. 15 - 015-22346 · 00 · 00		
Name:TriPower Resources, LLC				Spot Description:		
Address 1: P.O. Box 849				<u>S/2_NÉ_SÉ_Sec. 26_Twp. 24_S.R. 4</u> EastWest		
Address 2:						
City: Ardmore State: OK zip: 73402 + 0849				Feet from East / West Line of Section		
Contact Person: Neal Hill				Footages Calculated from Nearest Outside Section Corner:		
Phone: (580) 226-6700				NE NW ✓SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Butler		
Water Supply Well Other: SWD Permit #:				Lease Name: Mingenback Well #: 1		
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 10/14/1983		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: 7/7/11 (Date)		
Producing Formation(s): List All (If needed attach another sheet)				by: Shane Jones (KCC District Agent's Name)		
Mississippi — Depth to Top: <u>2631</u> — Bottom: <u>2642</u> — TD: <u>2800</u> —				Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed: 7/7/11		
Depth to	o Top: Botto	m:T.D				
Show depth and thickness of	all water, oil and gas forma	ations.	.l			
Oil, Gas or Water Records Casing Rec				ecord (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		Curfoss	0.635	210 KB	0	
		Surface	8.625	210 NB		
		Production	4.5	2741 KB	0	
Set cast iron bridg surface with 107 s	/40 Poz +4% gel e plug @ 300' Kl x 60/40 Poz + 49	+ 3% CaCl + 1/2 # 3. Shot perfs in 4. % gel. Good circul	/sx flocell th 5" casing at ation in ann	rough tubing a 260' KB. Cen ulus. Cement	at PBTD. Pulled tubing. nented from 260' to standing inside 4.5" ad level. Filled cellar and	
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Plugging Contractor License		Name: Philli	ame: Phillips Well Service			
Address 1: P.O. Box 1	263	· · · · · · · · · · · · · · · · · · ·	Address 2:			
City: _El Dorado			State: _	KS	zip: <u>67042</u> + <u>1263</u>	
Phone: (<u>316</u>) <u>321-6</u>	650					
Name of Party Responsible for	or Plugging Fees: <u>TriPc</u>	ower Resources, LLC)			
State of Oklahoma	Carter	, ss.		,		
Dub Curry			Employee of Operator or Operator on above-described well,			
the same are true and correc	t, so help me God.	•	nd matters herein o	contained, and the log c	of the above-described well is as filed, and RECEIVED	
Signature:	m. B. Cu	ny		,		