TE OF KANSAS

| ΝE | L | L | P | L | U | G | G | ı | N | G |   | R | E | C | 0 | R | C |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ,  | Α | 0 |   | _ | o | 2 | _ | ₹ | _ | 1 | 1 | 7 |   |   |   |   |   |

| PI NUMBER 15-051-21,269-00- | 00 |
|-----------------------------|----|
|-----------------------------|----|

| TATE CORPORATION C                       | COMMISSION                                       | K.A.R82-        | 3-117             | API        | API NUMBER 13-031-21,269-0                 |   |  |  |  |  |
|--|--|-----------------|-------------------|------------|--|---|--|--|--|--|
| 00 Colorado Derby<br>Tichita, Kansas 67  | Building   |                 |                   | LEA        | LEAȘE NAME WITT                            |   |  |  |  |  |
| ichita, kansas V                         |  |                 |                   |            |  |   |  |  |  |  |
|  | N C  | TYPE OR PR      |                   |            | WELL NUMBER 1 SPOT LOCATION SW SW SW       |   |  |  |  |  |
|  | an   | d return to (   | Cons. Div.        | SPO        |  |   |  |  |  |  |
|  | ·  | office within : | 30 days.          | SEC        | sec. 15 TWP. 14RGE. 16x8 MM                |   |  |  |  |  |
| EASE OPERATOR · R                        | P NIXON OPERAT                                   | CIONS           |                   |            |  |   |  |  |  |  |
| DDRESS 207 W 12                          | TH. HAYS KS                                      | 67601           |                   | COU        | INTY ELLIS                                 |   |  |  |  |  |
| ADDRESS                                  |  |                 | <del></del>       | Dat        | e Well Complete                            | d <u>1-11-7</u>                                 |  |  |  |  |
| HONE #(913) 628-                         | . <u>3834                                   </u> | ORS LICENSE N   | o. <u>5252</u>    | Plu        | igging Commenced                           | 12-17-8   |  |  |  |  |
| Character of Well_<br>Oil, Gas, D&A, SWI | D&A<br>D, Input, Water S                         | Supply Well)    |                   | Plu        | igging Completed                           | 12-17-8   |  |  |  |  |
| old you notify the                       | KCC/KDHE Joint E                                 |                 |                   | plugging   | this well? YES                             | 3   |  |  |  |  |
| which KCC/KDHE Join                      | nt Office did you                                | notify?         | HAYS              |            |  |   |  |  |  |  |
| is ACO-1 filed?                          | YES If not,                                      | , is well log   | attached?_        |            |  |   |  |  |  |  |
| roducing formation                       | ARBUCKLE   | Depth to        | top               | bott       | T.D  | 3420  |  |  |  |  |
| Show depth and thic                      | ckness of all wat                                | ter, oil and g  | as formati        |            |  |   |  |  |  |  |
| DIL, GAS OR WATER I                      | RECORDS  |                 |                   | CASING RE  | CORD                                       |   |  |  |  |  |
| Formation                                | Content  | From To         | Size              | Put in     | Pulled out                                 |   |  |  |  |  |
| l_                                       |  | 206 SURF        | 8 5/8             | 206        | NONE                                       |   |  |  |  |  |
| SURFACE<br>PRODUCTION                    | <u> </u>   | 3408 SURF       |                   | 3408       | NONE                                       |   |  |  |  |  |
| TRODUCTION                               |  | _               |                   |            |  |   |  |  |  |  |
| Describe in detail                       | the manner in wi                                 | _lll            | .ll<br>was plugge | d. Indicat | iting where                                |   |  |  |  |  |
| the mud fluid was                        | ntaced and the me                                | ethod or metho  | ds used in        | introduci  | ing IT INTO                                |   |  |  |  |  |
| the hole. If cemen                       | t or other plugs                                 | were used sta   | te, the ch        | aracter of | f same and                                 |   |  |  |  |  |
| depth placed, from                       |  |                 |                   |            |  |   |  |  |  |  |
| MIXED \$ SX HULL                         |  |                 |                   |            | PUMP DOWN 5                                | 1/2   |  |  |  |  |
| CASING TO PLUG. ANNULUS 500# ST          |  |                 | T IN PRES         |            | 0# PUMP 10S:                               | K_DOWN  |  |  |  |  |
|  |  |                 |                   |            |  |   |  |  |  |  |
|  | itional descript                                 |                 |                   | CK OF THIS | _  |   |  |  |  |  |
| Name of Plugging C                       | ontractor JAY-L                                  | AN CORPORATI    | ON                |            | _License No51                              | 28  |  |  |  |  |
| Address <u>207 W 12</u>                  | TH, HAYS KS                                      | _67601          |                   | 3          | TATE COHPURATION: COMMISS                  |   |  |  |  |  |
|  |  |                 |                   |            | 01-09                                      | <u>-87                                     </u> |  |  |  |  |
| 200                                      | NSAS   | COUNTY OF       | ELLIS             | . <u> </u> | JAN 9 (36./                                |   |  |  |  |  |
| STATE OF KAN                             | NSAS   |                 |                   |            |  |   |  |  |  |  |
|  | R P NIXON  | holes first     | (emplo            | yee of ope | Wichita Kansas<br>erator) or<br>says: That |   |  |  |  |  |
| (operator) of abov<br>I have knowledge o | of the facts, sta                                | tements, and m  | atters her        | ein conta  | ined and                                   | •   |  |  |  |  |
| the log of the abo                       | ve-described wel                                 | I as filed tha  | t the same        | are true   | and  |   |  |  |  |  |
| correct, so help m                       | e God.   |                 | (Signa            | ture)      | Mulon                                      |   |  |  |  |  |

Į:

(Address) 207 W 12TH, HAYS KS 67601

SUBSCRIBED AND SWORN TO before me this 8

Lorna M Herrman