MELL PLUGGING KEWKU STATE OF KANSAS K.A.R.-62-3-117 API NUMBER 15-071-20648-00-00 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Marvel Wichita, KS 67202 WELL NUMBER ___ 1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. Ft. from S Section Line office within 30 days. ___ Ft. from E Section Line LEASE OPERATOR _ Horseshoe Operating, Inc. SEC. 20 TWP. 20 RGE. 39 KEN or (W) ADDRESS 500 W. Texas, Suite 1190 COUNTY Greeley PHONE (915 683-1448 OPERATORS LICENSE NO. 4894 Date Well Completed 7-6-97 Character of Well Gas Plugging Commenced 7-17-97(Oil, Gas, D&A, SWD, input, Water Supply Well) Plugging Completed 7-17-97 The plugging proposal was approved on $\frac{5-8-97}{}$ _____ (date) by _____ Kevin Strube _____ (KCC District Agent's Name). Is ACO-1 filed? yes If not, is well tog attached? Producing Formation Winfield Depth to Top 2792 Bottom 2816 T.D. Show depth and thickness of all water, oil and gas formations. $\Box \uparrow A A \uparrow$ OIL, GAS OR WATER RECORDS CASING RECORD Formation Content Size From Put In Pulled out Winfield · Gas & SW 2792'-2816' 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 sat Tested backside to 500 psi (surface csq). Mixed & pumped 100# of cottonseed hulls and 140 sxs 60/40 poz w/6% gel. Pressure to 500 psi and shut-in. Cut off csg 3' below ground level. Name of Plugging Contractor Allied Cementing License No. Address Box 31 Russel, KS 67665 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Horseshoe Operating, Inc. STATE OF Texas COUNTY OF Midland Debbie Franklin (Employee of Operator) or (Operator) o 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 filed tha the same are true and correct, so help me God. (Signature) Deline Franklin (Address) 500 W. Texas. Suite 1190 day of July 1997 SUBSCRIBED AND SWORN TO before me this Otte (unelle

LOTTIE ARNOLD mm 1 salon Expires: MY COMMISSION EXPIRES December 4, 1998

12/4/98

Form CP-4 88-CD delives

Notary Public