STATE OF KANSAS STATE CORPORATION CONVISSION 130 S. Market, Room 2078 Wichita, KS 67202

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

API	NUMBER_	15-171-205060000
LEA	CE NAME	Collingwood Tr.

TYPE ON PRINT

PENSE KASE	0022213.000 221
WELL NUMBER	1–36
000	

NOTICE: Fill out completely and return 990 Ft. from SVN Line of Section (circle one) to Cons. Div. office within 30 days. 330 Ft. from EAN Line of Section (circle one) LEASE OPERATOR Landmark Energy Expl., / Vess Oil Corp. SPOT LOCATION NE SE SE ADDRESS 1861 N. Rock Rd. Suite 205 SEC. 36 TWP. 19 S. RGE 33 (K) or (W) COUNTY____Scott TITY, STATE, ZIP Wichita, Ks 67206 Date Well Completed 1-04-97 PHONE#(316) 683-8080 OPERATORS LICENSE NO. 06113 Date Plugging Commenced 1-04-97 Character of Well D&A (Oil, Gas, D&A, SWD, Input, Water Supply Well) Dute Plugging Completed 1-04-97The plugging proposal was approved on January 3, 1997 Kevin Straub (KCC District Agent's Name) Is ACO-1 filed? by oper. If not, is well log attached?_____ Depth to Top ______ Bottom _____ T.D. 4750* Producing Formation(s) _____na Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, CAS OR WATER RECORDS PUT IN PULL OUT SIZE TO FORMATION CONTENT FROM 8 5/8" 257' 257 none 0 surface Described 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 pluced, from feet to _____ feet such set. 100 sx. @ 2950', 50 sx. @ 2200', 80 sx. @ 1350', 50 sx. @ 650', 40 sx. @ 280', 10 sx. 15 sx/ in rat Total: 345 sx. 60/40 Pozmix, 6% Gel, 1/4# flo-seal per sx. nole (If additional description is necessary, use BACK of this form.) RECEIVED Name of Plugging Contractor L. D. Drilling, Inc. KANSAS CORPORATION COMMISSION License No. 6039 Address R.R. 1 Box 183 B Great Bend, Kansas 67530 JAN 09 1997 NAME OF PARTY RESPONDIBLE FOR PLUGGING FEES: Landmark Energy Expl., / Vess 011 Corp. CONSERVATION DIVISION ____ county of Barton STATE OF Kansas WICHITA, KS __(Employee of Operator or (Operators) of above-described well, being fir Bessie DeWerff ouly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-describe well as filed that the same are true and correct, so help me God. Xlecelonfo (Signature)_ R.R. 1 Box 183 B Great Bend, KS. 67530 (Address) ___ January 19 96 SUBSCRIBED AND SHORM TO before me this 8th day of · Radio Otathes Notary Public Rashell Patten My Commission Expires: 2-2-99Form CP-4 Revised 12

> Rulliary Public - State of nances RASHELL PATTEN My Appt. Exp 347