STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado Derby Building Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM (PLEASE TYPE FORM and File ONE Copy)

API # 15-101-217180000(Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. WELL OPERATOR Ritchie Exploration, Inc. KCC LICENSE # 4767

(cwner/company name)

ADDRESS 125 N. Market - #1000 CITY Wichita (ccerator's) ZIP CODE 67202 CONTACT PHONE $\neq \beta 16$; 267-4375 Kansas STATE LEASE Lena Speer well# 1 sec. 16 T. 18S R. 27 XXXXX/West) App- SE - NE - SW SPOT LOCATION/QQQQ COUNTY Lane 1560 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line) 2268 FEET (in exact footage) FROM X/W (circle one) LINE OF SECTION (NOT Lease Line) Check one: OIL WELL GAS WELL DEA X SWD/ENHR WELL DOCKET# CONDUCTOR CASING SIZE _____ SET AT ____ CEMENTED WITH ____ SURFACE CASING SIZE 8 5/8" SET AT 231' CEMENTED WITH 140 SACKS PRODUCTION CASING SIZE SET AT CEMENTED WITH SACKS LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 2694 GL T.D. PBTD ANHYDRITE DEPTH ELEVATION 2694 GL 超07法 (Stone Corralisormation) CONDITION OF WELL: GOOD X POOR CASING LEAK JUNK IN HOLE? PROPOSED METHOD OF PLUGGING Per KCC requirements (If additional space is needed attach separate page) IS WELL LCG ATTACHED TO THIS APPLICATION AS REQUIRED? Log IS ACO-1 FILED? Yes If not explain why? PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 at. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: PHONE# () 316-792-2424 Don Demel ADDRESS P. O. Box 1586 city/state Great Bend, KS 67530 PLUGGING CONTRACTOR White & Ellis Drilling, Inc. KCC LICENSE # 5420 (company name) _ PHCNE ≠ () 316-263-1102 AUDRESS P. O. Box 48848 Wichita, KS 67201-8848
PROPOSED DATE AND BOUR OF PLUGGING (If Known?) 4-20-96 7:00 a.m. PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT Michael A. Comedine DATE: 4-24-96 AUTHORIZED OPERATOR/AGENT:

(Signature)