WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-135-23,348 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 200 Colorado Derby Building LEASE NAME___ Rufenacht Wichita, Kansas 67202 WELL NUMBER 1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 4330 Ft. from S Section Line office within 30 days. 3300 Ft. from E Section Line LEASE OPERATOR Hess Oil Company SEC. 17 TWP. 18 RGE. 24 XXX or (W) ADDRESS P.O. Box 1009, McPherson, KS <u>67460</u> COUNTY Ness PHONE#(316) 241-4640 OPERATORS LICENSE NO. 5663 Date Well Completed 6-5-89 Plugging Commenced 6-5-89 Character of Well D&A Plugging Completed 6-5-89 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on _____6-4-89 by _____Duane Rankin _____ (KCC District Agent's Name). is ACO-1 filed? Yes if not, is well log attached? Producing Formation Depth to Top Bottom T.D. 4380' Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS To Size Put In Pulled out From Formation None 2121 2121 8-5/8" Surface 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 pluge used, state the character of same and depth placed, from feet to feet each set. Plugged hole with 215 sacks 60/40 Pozmix, 6% gel as follows: 50 sacks @ 1650', 80 sacks @ 900', 50 sacks @ 240', 10 sx @ 40' with wood plug, 15 sacks B.H., 10 sacks M.H. P.D. @ 12:30 p.m. 6-5-89... (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Mallard JV, Inc. License No. 4958 Address P.O. Box 1009, McPherson, KS 67460 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hess Oil Company STATE OF Kansas county of McPherson (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) Drug (Address) CRIBED AND SWORN TO before me this 13th day of June My Commission Expires: 1/-15-88