Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD KAR. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #: 3715					API No. 15 - 065-23,828-00-00											
Name: S-B Oil Company				Spot Description:												
Address 1:921 West 41st Street Address 2:					NE_NE_NW_SE_Sec. 34_ Twp. 7_ S. R. 17 East \(\sqrt{ West} \) 2,620 Feet from North / South Line of Section 1,520 Feet from \(\sqrt{ East} \) West Line of Section Footages Calculated from Nearest Outside Section Corner: \[\text{NE} \] NW \(\sqrt{ SE} \) SW County: \(\sqrt{ Graham} \) Lease Name: \(\sqrt{ Stehno Farms} \) Well \(\sqrt{ East} \) Date Well Completed: \(\sqrt{ 4/23/2012} \)											
									Is ACO-1 filed? Yes		well log attached? Yes	No			roved on: 4/22/2012	(Date)
									· ·	ist All (if needed attach and			J -/·	se Morris	(KCC District A	gent's Name)
									None Dep	• •	ottom: T.D		Plugging Commenced: 12:45AM 4/23/2012			
											ottom: T.D		Plugging Completed: 4:00AM 4/23/2012			
									Dep	th to Top: Bo	ottom: T.D					
									Show depth and thickness	of all water, oil and gas fo	rmations.					
									Oil, Gas or Water Records Casing					Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out										
		Surface Pipe		<i>1</i> 4	226.71	None										
		341.0337 1,03		<u> </u>												
			<u> </u>													
(1st Plug @ 355 275W/40sks)(56 60/40Poz 4%Ge	60'W/25sks)(2nd th Plug @ 40'W/ 6W/1/4#CF/sk-B	r of same depth placed from (b Plug @ 1650'W/25: 10sks)(30sks In Rai y Quality Oilwell Ce W/56Vis MUD)(Plug	sks)(3 t Hole) ementi	rd Plug ()(15sks l ng-Comp	@ 850'W/100 n Mouse Hole oleted @ 4:00)(Total 245sks										
Plugging Contractor License #: 31548 Name:				Discovery Drilling Co., Inc.												
Address 1: P.O. Box 763 Address				3 2: 1029 Reservation Road												
City: Hays				State: _ K t	ansas	zip: <u>67601</u> +	0763									
Phone: (785) 623	J-2920			_			•									
Name of Party Responsib	le for Plugging Fees:															
State of	Coun	ıty,		, SS.		•	-									
				_	uniamo of Consister o	r Derator on above-des	erribad smil									
,	(Print Nem	9)		Em	ipioyee or Operator o	□ Uperator on above-des	POURED Mell									
being first duly swom on o	oath, says: That I have kno	wledge of the facts statements,	, and mat	ters herein co	ntained, and the log o	if the above-described well is	as filed, and									
the same are true and co	rrect, so help me God.						RECEIV									
Signature:																
	Manta. VAC 4	Concensation Obviolog 130	S Morts	t - Baam 20	78 Wichita Kanen	a 67202	OCT 2 2									