API NUMBER 5-077-20588>

STATE OF KANSAS STATE CORPORATION CUMMISSION 200 Colorado Derby Building Wichita, Kansas 67202

WELL PLUGGING RECORD

COUNTY Barber

PLEASE FILL OUT COMPLETELY

|  | AND  | TYPE OR PRINT                             |   |  | SPOT LOCATION             |   |  |
|--|--|---|---|--|---------------------------|---|--|
| LEASE OPERATOR   | · ·  | ·<br>                                     | SEC                                       | 22 TWP .315 RGE .15 (                  | Æ)or(W)                   |   |  |
| PHONE #(_)   | ·  |   | , (                                       | PERATORS L                             | ICENSE NO. 5254           | ·   |  |
| CHARACTER OF WELL_   | OIL (OIL, GAS,   | D&A, SWD, I                               | NPUT, WATER                               | SUPPLY WE                              | ELL)                      |   |  |
| DATE WELL COMPLETE   | D10-20-81  | PLUG                                      | GING COMMEN                               | ICED <u>07-</u>                        | 30-83                     | <u></u>   |  |
| PLUGGING COMPLETED   | 0 08-03-83   | REASON                                    | FOR ABANDO                                | NMENT OF V                             | ELL OR PRODUCING          |   |  |
| FORMATION Dr   | у  |   |   |  |                           | · <del></del>                                     |  |
| DID YOU NOTIFY THE   | KCC/KDHE JOINT DE  | ISTRICT OFFI                              | CE PRIOR TO                               | PLUGGING                               | THIS WELL? Yes            |   |  |
| WHICH KCC/KDHE Joi   | INT OFFICE DID YOU   | NOTIFY?                                   |   |  |                           |   |  |
| Is ACO-1 FILED?  | Yes IF NOT,  | IS WELL LOG                               | ATTACHED?                                 |  |                           | <del>, , , , , , , , , , , , , , , , , , , </del> |  |
| PRODUCING FORMATION  | ON   | Вертн то                                  | TOP                                       | вот                                    | гомТ-D- <u>5019</u>       |   |  |
|  | CKNESS OF ALL WATE   |   |   |  |                           |   |  |
| OIL, GAS OR WATER  | •  | 1   |   | CASING RI                              | <u>-CORD</u>              |   |  |
|  |  |   |   |  |                           |   |  |
| FORMATION  | Content  | FROM TO                                   | Size                                      | Put in                                 | PULLED OUT                |   |  |
| 275 SX<br>200 SX   |  |   | 8 5/8<br>4 1/2                            | 326<br>4660                            | None<br>3658              | i   |  |
| 200 5X   | <u> </u>   |   |   | 4000                                   | 3030                      | <b>-</b>  |  |
| THE MUD FLUID WAS THE HOLE. IF CEMEN DEPTH PLACED, FROM Sand 4470 to 4 sacks cemen | nt with dump baile   | THOD OR METH<br>WERE USED ST<br>EACH SETI | ODS USED II<br>ATE, THE CI<br>Plug back 4 | N INTRODUC<br>HARACTER OF<br>470       | ING IT INTO<br>F SAME AND |   |  |
| l sack hull -  | in 3 sacks hulls -<br>Bropped plug - 1                           | 00 sacks.                                 |   |  |                           |   |  |
| 60-40- POZ 2   | 2% jell - 3% C. C.<br>DITIONAL DESCRIPTION                       | Zimme<br>ON IS NECESS                     | erman and L $B$                           | <u>acey on lo</u><br><u>ACK</u> OF THI | S FORM•)                  |   |  |
| NAME OF PLUGGING ADDRESS P O Box   | CONTRACTOR <u>Clarke</u><br>187 - Medicine Lo                    | Corporation<br>odge, Kansas               | 67102                                     | 4                                      | License No. 5105          | <del></del>                                       |  |
| STATE OF   | C  | OUNTY OF                                  |   |  | 20.                       | <del></del>                                       |  |
| STATE OF   |  |   |   |  | ERATOR) OR                |   |  |
| I HAVE KNOWLEDGE   | VE-DESCRIBED WELL, OF THE FACTS, STAT OVE-DESCRIBED WELL ME GOD. | EMENTS, AND                               | DULY SWOR                                 | N ON OATH,<br>REIN CONTA               | says: That<br>ined and    | 1   |  |
| ,  | (SIGNATURE)  |   |   |  |                           |   |  |
|  |  | ESS)                                      |   |  |                           |   |  |
| •  | SUBSCRIB   | BED AND SWOR                              | 10 BEFORE                                 | ME THIS                                | 2 DAY OF August           | 19 <u>83</u> ر                                    |  |
| · _ ·  |  |   |   |  | OTARY PUBLIC              |   |  |
|  |  |   | H   | にいたいとい                                 |                           |   |  |
| MY COMMISSION EXP  | IRES: 9-27-83  |   | STATE CORF                                | ORATION COMM                           | ISSION.                   |   |  |

DS-15-83 Schalin ulvision Wichita, Kensas

Form CP-4 Revised U6-83