WELL PLUGGING RECORD STATE OF KANSAS API NUMBER_ 15-007-20950-0070 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 200 'Colorado Derby Building Wighits หลารสร 67202 LEASE NAME Johnston WELL NUMBER #2 SWD TYPE OR PRINT NOTICE: Fill out completely 430 Ft. from (\$) Section Line and return to Cons. Div. office within 30 days. 4950 Ft. from (E) Section Line SEC. 21 TWP. 32S RGE. 9 (%) or (W) LEASE OPERATOR Attica Gas Ventures ADDRESS 123 Main, Attica, KS 67009 COUNTY Harper PHONE# (316) 254-7222 OPERATORS LICENSE NO. 5039 Date Well Completed Character of Well good Plugging Commenced 1/27/95Plugging Completed 2/1/95(OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on $\frac{1/27/95}{}$ (date) (KCC District Agent's Name). by Mike Wilson Is ACO-1 filed? yes If not, is well log attached?_____ Producing Formation Miss Depth to Top 4348 Bottom 4354 T.D. 4382 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL. GAS OR WATER RECORDS Put In Formation Content From To Size Pulled out 8.5/8 259 None 4419 3700 Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from__feet to___feet each se Sand bottom to 4285, dump 4sx with dump bailer, cut pipe at 3700, pull casing to 1325 spot 35sx plug, pull casing to 802, 35sx plug, pull casing to 311 and curculate cement to surface, finish laying down casing and top hole off with cement. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor <u>Clarke Corporation</u> License No. <u>5105</u> Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Attica Gas Ventures STATE OF Kansas COUNTY OF Barber ,ss. (Employee of Operator) or (Operator) Alan Vratil above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God SSION (Signature) Aurilati GLENDA MORRISON 2-3-95 (Address) Medicine Lodge, KS 67104 FEB 0 3 1995 NOTARY PUBLIC STATE OF KANSAS

My Commission Expires: 10/14/98

Alanda Moisson Notary Public

Form CP-Revised 05-8