WELL PLUGGING RECORD STATE OF KANSAS AP1 NUMBER 15-007-22215-0001 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Hospital Unit Wichita KS 67202 WELL NUMBER 1 TYPE OR PRINT NOTICE: Fill out completely 1980 Ft. from S Section Line and return to Cons. Div. office within 30 days. 2640 Ft. from E Section Line LEASE OPERATOR R & B Oil & Gas, Inc SEC. 6 TWP.33 SRGE. 12 (E) or (W) ADDRESS P.O. Box 195, Attica, Ks 67009 COUNTY Barber PHONE # (316) 254-7251 OPERATORS LICENSE NO. 31191 Date Well Completed -1-7-99Plugging Commenced _ 1-8-99 Character of Well _____ (OII, Gas, D&A, SWO, Input, Water Supply Well) Plugging Completed ___1-8-99 The plugging proposal was approved on 1-7-99_____(etab) (KCC District Agent's Name). is ACO-1 filed? Yes if not, is well tog attached? Producing Formation Douglas Depth to Top 3860 Bottom 3895 Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Formation Pulled out 4 1/2 4011 Douglas: 3860 95 30 · 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. It cament or other plug vere used, state the character of same and depth placed, from feet to feet each set Top Cement 3500' Mix & pump 50# hull cement 25 sxs & 50# Hulls 600' with 50 sys 290' with 40 sys 40' with 10 sys 60/40/6% Gel Name of Plugging Contractor___Shawnee Well Service Address Attica, Ks 67009 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Randy Newberry Randy Collections STATE OF Kansas COUNTY OF Harper (Employee of Operator) For (Operator) a 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) / Canaly / Cu

(Address) 904 N Lugan

Notary Public

REBLOCA 3. MEWBERRY

STATE OF KANSAS

SUBSCRIBED AND SWORN TO before me this 229 day of_

My Commission Expires: النبي المسالة المساود المسالة المساود المسالة المساود المسالة المساود المسالة المساود المسالة المسالة

Form CP-4 Revised 05-68