WELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 API NUMBER 15-007-21,963. STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Ricke Estate Wichita KS 67202 TYPE OR PRINT WELL NUMBER 4 NOTICE: Fill out completely and roturn to Coas. Div. ____ Ft. from S Section Line office within 30 days. ____ Ft. from E Section Line LEASE OPERATOR Hummon Corporation SEC. 12 TWP. 32 RGE. 11W (E) or (W) ADDRESS 950 N. Tyler Rd. Wichita, KS 67212-3240 COUNTY Barber PHONE (316) 773-2300 __OPERATORS LICENSE NO. 5050_____ Date Well Completed _____ Character of Well Oil Plugging Commenced ___4-18-97 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed $\underline{4-23-97}$ The plugging proposal was approved on ______Steve Middleton (KCC District Agent's Name). by ____ is ACO-1 filed?______if not, is well log attached?____ Producing Formation Depth to Top Bottom T.D. 3780' Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Formation from To Size Put In Pulled out Content 8 5/8 224' none 3014' Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cament or other pl were jused, state the character of same and depth placed, from __feet to ___feet each so Sanded off bottom to 3546' & ran 5 sks cement. Shot casing at 3223' & 3014'. Came loose at 3014'. Pulled csg to 600'. Load hole w/3 sks gel and pumped 50 sks cement @ 600'. Pulled casing to 250', pumped 50 sks cement. Pulled all casing & topped with 20 sks cement. Plugging complete. 60/40 poz 6% gel. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Chase, Kansas 67524 Address P.O. Box 467 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hummon Corporation STATE OF Kansas COUNTY OF Rice (Employee of Operator) or (Operator) Mike Kelso 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 t the same are true and correct, so help me God. (Signature) (Address) P. O. Box 467 Chase, KS 67524

> State of Kansas My April Exp. Aug. 24, 1997

SUBSCRIBED AND SWORN TO before me this 5th day of May ,19 97

My Commission Expires:

Form CT Revised 05-

Manhrey

Notary Public