STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 1500720919 - COCC . 200 Colorado Derby Building LEASE NAME <u>Bummardner</u> Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER 2 NOTICE: Fill out completely and return to Cons. Div. _____ Ft. from S Section Line office within 30 days. ____ Ft. from E Section Line LEASE OPERATOR Graves Drilling Company SEC. 19 TWP.32S RGE. 11 (XEX) (W) ADDRESS P.O. Box 8250, Wichita, KS 67202 COUNTY Barber PHONE#(316)_687-2777 OPERATORS LICENSE NO. 5428 Date Well Completed 5/6/80 Character of Well Good _____ Plugging Commenced 10/28/94 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 11/8/94 The plugging proposal was approved on 10/28/94_____(etab) (KCC District Agent's Name). by Richard Lacy Is ACO-1 filed? yes If not, is well log attached? yes Producing Formation _____ Depth to Top_____ Bottom_____T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Put In Content From To Size Pulled out 216 None 4% 3548 2700 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 cement or other pl were used, state the character of same and depth placed, from__feet to___feet each s Sanded bottom to 3495, dumped 4sx cement at 3495 with bailer, cut and pulled casing, pumped 300 hulls, 10 gel, 50 cement, 5 gel, 100 hulls, 8 5/8 plug, 125sx cement, 60/40 POZ 6% at surface Name of Plugging Contractor Clarke Corporation License No." Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graves Drilling Co. county of Barber STATE OF Kansas Jeff Sletto (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed t are true and correct, so help me God. the same GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS (Address) Medicine Lodge, KS 67104 SUBSCRIBED AND SWORN TO before me this 8 day of November ,1994 Notary Public My Commission Expires: ___10/14/98