API NUMBER 15-169-20108-0000 K.A.R.-82-3-1:7 STATE CORPORATION COMMISSION Wichita State Office Building LEASE NAME Brown 130 S. Market, Room 2078 Wichita, KS 67202 WELL NUMBER 2 TYPE OR PRINT NOTICE: Fill out completely 4290 Ft. from S Section Line and return to Cons. Div. office within 30 days. 760 Ft. from E Section Line LEASE OPERATOR Edwards Oil Properties SEC. $32 \text{ TWP.}^{15S} \text{ RGE.}^3$ (E) or (W) ADDRESS P O pox 961 McPherson, KS 67460 COUNTY McPherson PHONE (16) 241-5813 OPERATORS LICENSE NO. 32495 Date Well Completed _4-28-80 Character of Well Oil Plugging Commenced 8-24-00(OII, Gas, O&A, SWO, Input, Water Supply Well) Plugging Completed 829-00 The plugging proposal was approved on 8-24-00(date) (XCC District Agent's Name). by Ralph Tittel is ACO-1 filed?_____ if not, is well tog attached?____ Producing Formation Maquoketa Depth to Top 3339 Bottom 3345 T.D. 3342 Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD To Size Formation Content From Put in Pulled out Describe in detail the manner in which the well was plugged, indicating where the mud fiuld wa placed and the method or methods used in introducing it into the hole. If cement or other plug rere used, state the character of same and depth placed, from__feet to___feet each set Moved in 8-24-00 at 4:00 pm Filled 4 1/2" casing with sand to 3200 feet. Capped with 4 sacks of cement. Solid Bridge at 400 feet with 7 yards of Slurry mix. Recovered 1600 feet of 4 1/2" casing. Completed 8-29-00 at 8:00 a.m. _____ lame of Plugging Contractor Sunflower Well Service License No. 30290 Address 408 N 4th Canton KS 67428

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Jack Edwards SEP 1 3 2000 TATE OF__Kansas county of McPherson (Employee of Operator) NCCPVATION DAMPICE a Jack Edwards ibove-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 that the same are true and correct, so help me God.

(Signature)

(Address) /P O Box 961 McPherson, KS 67460

SUBSCRIBED AND SWORN TO before me this 7 4

day of September, 192000 esteur

USE ONLY ONE SIDE OF EACH FORM 12-02-01

Aflene A. McKee 1 State of Kansas NOTARY PUBLIC My Appl.Exp. 12-02-01