STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-033-20,353 -200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME __ Bevler TYPE OR PRINT WELL NUMBER 1-11 NOTICE: Fill out completely and return to Cons. Div. 3300 __ Ft. from S Section Line office within: 30 days. 3300 __ Ft. from E Section Line LEASE OPERATOR Bishop Operating Company Inc. SEC.11_TWP.34 RGE. 20 (MEXIXED (W.) ADDRESS P.O. Box 1807, Hutchinson, KS COUNTY ____Comanche PHONE#(316) 662-6445 OPERATORS LICENSE NO. 30972 Date Well Completed N/A Character of Well _good_ Plugging Commenced <u>5-20-93</u> ((Oii), Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 6-18-93 by Steve Durant, Richard Lacy _____ (KCC District Agent's Name). Is ACO-1 filed? ______ If not, is well log attached?_____ 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 Content From Size Put In Pulled out 8:5/8 802 none 5 1/2 4854 3600 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 pluwere used, state the character of same and depth placed, from feet to feet each se Sanded to 4700, dumped 5sx cement at 4700 with dump bailer, pumped 300 hulls, 10 gell 50sx cement, 10 ge1, 100 hulls, 8 5/8 plug, 125sx cement at surface (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation _____ License No. 5105 Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ______ Bishop Operating COUNTY OF Barber STATE OF Kansas (Employee of Operator) or (Operator) Jeff Sletto

Jeff Sletto

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 same are true and correct, so help me God.

GLENDA MORRISON

(Signature)

GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. Aug. 17, 1994

(Address) Medicine Lodge, KS 67104

RECEIVED
SUBSCRIBED AND SWORN TO before me this 30 day of June CORDURATION CANAGESION

Notary Public 1993

My Commission Expires: Aug. 17, 1994

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Revised 05-8