STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION API NUMBER 15-033-20,328 -000 K. A. R. -82-3-117 200 Carorado Derby Building Michita, Kansas 67202 LEASE NAME G.C Lemon TYPE OR PRINT WELL NUMBER 11 NOTICE: Fill out completely : and roturn to Cons. Div. Ft. from S Section Line office within 30 days. _____ Ft. from E Section Line C NE NW LEASE OPERATOR Bishop Operating Co., inc. SEC. 14 TWP. 34 RGE. 20W (E) or (W) ADDRESS . P.O. Box 1807 Hutchinson, Ks. 67504 COUNTY <u>Comanche</u> PHONE# (310 662-6445 __ OPERATORS LICENSE NO. 30972 Date Well Completed Character of Well Oil Plugging Commenced 5-5-93 Plugging Completed 6-23-93 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on _____ (date) Richard Lacey (KCC District Agent's Name). Is ACO-1 filed?______ If not, is well log attached? Producing Formation _____ Depth to Top ____ Bottom ____T.D. 4820' Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Tο Sizo Put in Pulled out 8-5/8" 784 ' none 48081 33001 Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If coment or other plugs were used, state the character of same and depth placed, from feet to feet each set. Plugged off bottom with sand to 4700' and 5 sacks cement. Shot pipe 04000', 3900', 3800', 3700', 3500', 3400', 3300', plugged surface with 300# hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100# hulls, 125 sacks cement, 60/40 pos, 6% gel Plugging Complete. (If additional description is necessary, uso BACK of this form.) Name of Plugging Contractor <u>KELSO CASING PULLING, INC.</u> License No. 6050 Address P.O. Box 347 Chase, Kansas 67524 MAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Bishop Operating Co., Inc. 1.1 STATE OF Kansas COUNTY OF Rice R. Darrell Kelso (Employee of Operator) or (Operator) of 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 that the same are true and correct, so help me God. (Signature) Phlane Tolas (Address) P.O. Box 347 Chase, KS. 67-524 STATE CHOOLD ATION CHAMISSION SUBSCRIBED AND SHORN TO before me this 29th day of / June

My Commission Expires:

State of Kansas My Appt. Exp. Aug. 24, 1993

Notary Sublic

CONSERVATION DIVISION
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