

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 033-20789 -0000

LEASE NAME Betty-Jean

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

WELL NUMBER 1-11

1650 Ft. from S Section Line

3630 Ft. from E Section Line

LEASE OPERATOR W. C. Payne

SEC. 11 TWP. 35S RGE. 17 ~~XXE~~ (W)

ADDRESS 800 United Founders Tower, OKC, OK 73112

COUNTY Comanche

PHONE# (405) 843-9419 OPERATORS LICENSE NO. 30431

Date Well Completed 8/30/90

Character of Well Dry

Plugging Commenced 11/20/90

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 12/3/90

The plugging proposal was approved on 11/20/90 (date)

by Richard Lacey, Dodge City, Kansas (KCC District Agent's Name).

Is ACO-1 filed? yes (attached) not, is well log attached? yes

Producing Formation Dry 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 | To | Size | Put In | Pulled out |
|-------------|---------|------|----|-------|--------|------------|
| Mississippi | water | | | 8-5/8 | 708 | |
| Marmaton | water | | | 4-1/2 | 5725 | 3800 |

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 cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Sand from 5520-5375' w/4 sks cmt on top w/dump bailor - Cut off Braden head, weld on 4-1/2" swage & cmt 8-5/8" per KCC rules & regulations.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corp. License No. 5105

Address 107 W. Fowler, Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: W. C. Payne, 800 United Founders Tower, OKC

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Clyde D. Towery

Clyde D. Towery (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.

RECEIVED

STATE CORPORATION COMMISSION

CONSERVATION DIVISION
Wichita, Kansas

DEC 10 1990

(Signature)

800 United Founders Tower

Oklahoma City, OK 73112

SUBSCRIBED AND SWORN TO before me this 7th day of December, 19 90

Debbie Cuywood
Notary Public

My Commission Expires: 11-27-93