WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-151-21974-00-00 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME E. B. Studer Wichita, Kansas 67202 是 不可用 WELL NUMBER _____B-2 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. Ft. from S Section Line: office within 30 days. Ft. from E Section Line SEC. 3 TWP. 27 RGE. 12 (E) or (W) LEASE OPERATOR Timberline Oil & Gas Corp. COUNTY Pratt ADDRESS 105 E. 8th Pratt, KS. 67124 PHONE#(316) 779-9476 OPERATORS LICENSE NO. 9232 Date Well Completed ___ Character of Well Oil__ Plugging Commenced =2/14/90Plugging Completed 2/20/90 (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on ____ (date) (KCC District Agent's Name). Is ACO-1 filed?______If not, is well log attached? Producing Formation Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation From Content Tο Size Put in . Pulled out 8 5/8 263 none 5 1/2 4196 2049' 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. Sanded bottom to 4000', dumped 5 sacks cement. Shot pipe @3858, 3428', 3026', 2460', 2421', 2218', 2054'. Plugged with 4-hulls, 10-gel, 50 sacks cement, 10-gel, 1-hulls 8 5/8" plug 100 sacks 60/40 6% gel. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 Address P.O. Box 347 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ______Timberline Oil &&Gas Corp. STATE OF Kansas COUNTY OF Rice ,ss. 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, statementBECandimatters herein contained and the log of the above-described well as filled that the same are true and correct, so help me God. (Signature) Whome of the

MAR 0 5 1990.

(Address) P.O. Box 347 Chase, KS. 67524

CONSERVATION DIVISION WIChita, Kansas CRIBED AND SWORN TO before me this 2 day of March ,19 90

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My Commission Expires:

