WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-151-21, 723-000 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 200 Colorado Derby Building LEASE NAME TRIMPE Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER 2 NOTICE: Fill out completely and return to Cons. Dlv. Ft. from S Section Line office within 30 days. Ft. from E Section Line NE-SE-NE SEC. 22 TWP 26 RGE. 12 (29 or (W) LEASE OPERATOR STUDER OIL PRATTI KS. 67124 COUNTY TRATT PHONE # (316) 656-4051 OPERATORS LICENSE NO. 9582 Date Well Completed Character of Well GAS Plugging Commenced 1-21-92 (Oil, Gas), D&A, SWD, Input, Water Supply Well) Plugging Completed 2-13-92 The plugging proposal was approved on 2-16-92(KCC District Agent's Name). Is ACO-1 filled? <u>YES</u> If not, is well log attached? <u>NO</u> Producing Formation ______ Depth to Top_____ Bottom T.D. 4450 PBTD: 4300 PERFS: 3850-54 Show depth and thickness of all water, oil and gas formations. ... 3104-14 OIL. GAS OR WATER RECORDS CASING RECORD Put In Formation Content From To Size Pulled out 33/ 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. 2-13-92: Allied Top Nole Diugsed with - 300*Nulls - 10sel - 50sx Cement - 10 sx sel - 100* halls - 8 18 blug - 100 sx. Cement - 80-40 poz 6908el. 350 max - 100* min pressure. MIX to top - WAS 711t. COWN to top of CEMENT.

Iption is necessary, use BACK of this form.) (If additional description Name of Plugging Contractor PAATT Service INU License No. 5893 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STUDER 2-21-92 COUNTY OF sipling fing Obntractor (Employee of Operator) or above-described well, being first duly sworn on oath, says: That I have knowledge to Dithe Nfacts, statements, and matters herein contained and the log of the above-described\\#\$iiak&seqiled that the same are true and correct, so help me God. (Signature) MOTARY PUBLIC - State of Kansas DOROTHY M. FURGASON (Address) My Appt. Exp. 02/06/93

SUBSCRIBED AND SWORN TO before me this

Form CP-4 Revised 05-88