AP! NUMBER 15-175-21799-000 WELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Davies Wichita, KS 67202 WELL NUMBER _#1-19 TYPE OR PRINT HOTICE: Fill out completely and return to Coms. Div. 330 Ft. from S Section Line office within 30 days. 3630 ___ Ft. from E Section Line LEASE OPERATOR Oil Producers, Inc. of Kansas SEC. 19 TWP.33 RGE.31 (E) or (W) ADDRESS P.O. Box 8647, Wichita, Ks. 67208 COUNTY __ Seward PHONE # (316 681-0231 OPERATORS LICENSE NO. 8061 Date Well Completed 5/27/0010/4/00 Character of Well completed, then D & A Plugging Commenced 10/6/00 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed _ The plugging proposal was approved on ___ ____(date) __ (KCC District Agent's Name). Is ACO-1 filed?______ If not, is well log attached? Producing Formation ____NA _____ Depth to Top_____ Bottom ____T.D. Show depth and thickness of all water, oil and gas formations. RECEIVED CASING RECORD STATE CORPORATION COMMISSION OIL, GAS OR WATER RECORDS Formation Content from Size Put In Pulled outfo 1 4 2000 60 ' conductor 60 O CONSERVATION DIVISION 1596 surface 2768 production Wichita, Kansas Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa placed and the method or methods used in introducing it into the hole. If cement or other plug sanded bottom, sand at 2431, bailed 4 sacks of portland, shot at 1342, pumped cement to surface pulled to 600'; pumped cement pulled all but I pumped cement Name of Plugging Contractor Quality Well Service License No. 31925 Address 415 E. Main Street, Sterling, Ks. 67579 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas STATE OF Kansas COUNTY OF Sedgwick John S. Weir (Employee of Operator) or (Operator) c 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)____ (Address) P.O. Box 8647, Wichita, Ks. SUBSCRIBED AND SWORN TO before me this 13th day of December, 20009

1/12/04

DIANA L. RICHECKY

My Appt. Expires Commission Expires:

M Notary Public - State of Kansas

Revised 05-8

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Diana L. Richecky Notary Public