15-119-00151-000/ API NUMBER 8-21-53 WELL PLUGGING RECORD STATE OF KANSAS STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME Armentrout Wichita, Kansas 67202 WELL NUMBER # 4 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. SE NW Ft. from S Section Line office within 30 days. Ft. from E Section Line LEASE OPERATOR Berexco Inc. SEC. 15 TWP . 335 RGE. 30W (E) or (W) ADDRESS 970 Fourth Financial Ctr. Wichita.Ks. 67202 COUNTY Meade PHONE 1616) 265-3311 OPERATORS LICENSE NO. 05363 Date Well Completed 7/20/53 Character of Well Oil Plugging Commenced 12-6-90 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 12-11-90 Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes Which KCC/KDHE Joint Office did you notify? Dodge City Is ACO-1 filed? YES If not, is well log attached? Producing Formation LANSING Depth to Top 4556 Bottom 4560 T.D. 5840 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Size Put In Pulled out 13 3/8 652 0 2694 5837 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 vere used, state the character of same and depth placed, from feet to feet each set.

CIBP @ 5670 w/2 sks. of cement Pump 25 sks. of cement to 4400, test pump beteewn 9 5/8 & 13 3/8 to 400 # & hold Pump 50 sks. of cement from 1670 to 1570 Pump 40 sks. of cement from 670 to 570 Put 10 sks of cement from 40 to 0 Cut off 8 cap 13 3/8 4' below ground level (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor Sargent's Casing Pulling Service License No. Address P.O. Box 506 Liberal, Kansas 67905-0506 STATE OF Kansas COUNTY OF Seward (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) Coon ( May) (Address) SUBSCRIBED AND SWORN TO before me this 315 day of Tanuary Notary Public My Commission Expires: 03194

> Form CP-4 Revised 08-84

JOHANNA S. DOBLER

Notary Public - State of Kansas

My Appt. Expires |0/31/94