STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-007-21498 - 0000 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME Donovan TYPE OR PRINT WELL NUMBER A-1 NOTICE: Fill out completely and return to Cons. Div. 2310 ___ Ft. from N Section Line office within 30 days. 1590 ___ Ft. from E Section Line SEC. 1 TWP.34S RGE. 13 XXXXXX(W) LEASE OPERATOR Petroleum Technical Services Co. ADDRESS 3000 N. Garfield, Suite 210, Midland, TX 79705 COUNTY Barber PHONE#(915) 684-6603 OPERATORS LICENSE NO. 6410 Date Well Completed N/A Character of Well <u>Good</u> Plugging Commenced 4/19/94 ((O1), Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4/25/94 The plugging proposal was approved on $\underline{4/18/94}$ _____(date) (KCC District Agent's Name). by Steve Middleton Is ACO-1 filed? yes ____ If not, is well log attached? Producing Formation ______ 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 8 .5/8 512 None 3500 4 1/2 5046 Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from__feet to___feet each se Sanded bottom to 4990, dumped 4sx cement with dailer at 4990, cut and pulled 3500 of casing pumped at surface, 300 hulls, 10 gell, 50sx cement, 10 gel, 100 hulls, 125sx cement, 60/40, 6% (If additional description is necessary, use BACK of this form.) PECETION CAME Name of Plugging Contractor Clarke Corporation . License No. Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Technical Services (Employee of Operator) CONSERVATION DIVISION (Small (Kansas) (Considerator) (Constitution (Kansas) (Constitution (STATE OF Kansas County of Barber Jeff Sletto above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed th the same are true and correct, so help me God. (Signature) **GLENDA MORRISON** NOTARY PUBLIC (Address) <u>Medicine Lodge</u>, KS 67104 STATE OF KANSAS My Appl. Exp. Aug. 17, 1994 SUBSCRIBED AND SWORN TO before me this 26 day of April ,1994 A landa Mourson Notary Public

My Commission Expires: August 17, 1994