

STATE OF KANSAS  
 KANSAS CORPORATION COMMISSION  
 CONSERVATION DIVISION  
 30 South Market - Room 2078  
 Wichita, Ks. 67202

WELL PLUGGING RECORD  
 K.A.R.-82-3-117

API NUMBER 15-025-21,145-0000  
 LEASE NAME TUTTLE  
 WELL NUMBER 2-4

TYPE OR PRINT  
 NOTICE: Fill out completely  
 and return to Coas. Div.  
 office within 30 days.

660' Ft. from S Section Line  
2640' Ft. from E Section Line  
 SEC. 4 TWP. 35S RGE. 21 (E) or (W)  
 COUNTY CLARK  
 Date Well Completed 7-02-96  
 Plugging Commenced 07-01-96  
 Plugging Completed 07-02-96

LEASE OPERATOR MARMIK OIL COMPANY  
 ADDRESS 8500 W. BOWLES AVE., SUITE 307  
LITTLETON, CO 80123  
 PHONE ( ) 303-932-0588 OPERATORS LICENSE NO. 6875

Character of Well D/A  
 (Oil, Gas, O&A, SWD, Input, Water Supply Well)  
 The plugging proposal was approved on 7-02-96 (date)  
 by STEVE MIDDTON, DODGE CITY (KCC District Agent's Name).

Is ACO-1 filled? Enclosed 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
Surface				8 5/8"	671.50'	None

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 section. Fill with heavy mud. Plug at bottom of hole from 2807'-2507' with 75 sks. 1st plug from 660'-360' with 75 sks Class 'A' 3%cc with 1/4# floseal per sk., 2nd plug at 145'-0' with 50 sks. filled to collar, rathole 15 sks. mousehole 10 sks.

Name of Plugging Contractor Abercrombie RTD, Inc. License No. 30684  
 Address 150 N. Main, Ste 801, Wichita, Ks. 67202

RECEIVED  
 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Marmik Oil Co.  
 STATE OF Kansas COUNTY OF Sedgwick

Lee B. Shobe  
 (Employee of Operator) or (Operator)  
 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 in the same are true and correct, so help me God.

(Signature) Lee B. Shobe  
 (Address) 8500 W. Bowles Ave #307  
Littleton Co 80123

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 19 96

Maria Kena Bolser  
 Notary Public

My Commission Expires: 7-5-2000  
 USE ONLY ONE SIDE OF EACH FORM