STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-007-22,367-2007 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200_ Colorado Derby Building Wichita, Kansas 67202 LEASE NAME Reeves E TYPE OR PRINT WELL NUMBER __1 NOTICE: Fill out completely 2310 Ft. from S Section Line and return to Cons. Dlv. office within 30 days. 3630 Ft. from E Section Line LEASE OPERATOR Pickrell Drilling co. Inc. SEC. 13 TWP. 31S RGE. 12 XXXX (W) ADDRESS 110 N. Market, Suite 205 COUNTY Barber PHONE#(316) 262-8427 OPERATORS LICENSE NO. 5123 Date Well Completed 6/91 Character of Well good Plugging Commenced 6-25-93(OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 7-23-95 The plugging proposal was approved on June 24, 1993 by Barlow and Steve _____ (KCC District Agent's Name). Is ACO-1 filed? yes If not, is well log attached? yes Producing Formation <u>Figin Sand</u> 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 Pulled out Content From To Size Put In 232 8 - 5 / 8 None 3520 2650 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 Set bridge plug at 3305, 24sx cement, pumped 300 hulls, 10 gel, 50sx cement, 10 gel, 100 hulls, 8 5/8 plug, 100sx cement at surface. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor <u>Clarke Corporation</u> License No. récéived STATE CORPORATION COMMISSION Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Co. Inc. 1111 2 8 1993 STATE OF Kansas COUNTY OF Barber CONSERVATION DIVISION (Employee of Operator) or (Operator) 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) Medicine Lodge, KS 67104 STATE OF KANSAS My Appl, Exp. Aug. 17, 1994 <u>J</u>uly SUBSCRIBED AND SWORN TO before me this 27, day of **,19** 93 Notary Public My Commission Expires:___Aug. 17, 1994