WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 119-20,708 - 0000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME Lester Davis WELL NUMBER ____1-31__ TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 2310 Ft. from S Section Line office within 30 days. 2310 Ft. from E Section Line LEASE OPERATOR Kaiser-Francis Oil Company SEC. 31 TWP. 325 RGE. 28 (6) or (W) COUNTY Meade ADDRESS P. O.Box 21468, Tulsa, OK 74121-1468 PHONE#(918) 491-4314 _ OPERATORS LICENSE NO. 6568 Date Well Completed 6/18/85 Plugging Commenced 4/21/93 Character of Well Gas (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4/26/93 n/a The plugging proposal was approved on (date) (KCC District Agent's Name). by ___ Is ACO-1 filled? Yes If not, is well log attached? 5800 Producing Formation ___ Morrow__ Depth to Top 5557 Bottom 5562 T.D. Show depth and thickness of all water, oil and gas formations. 1 July 2 1 OIL, GAS OR WATER RECORDS CASING RECORD Put In . Pulled out Formation Content From Size -0-8 5/8 I400 5557 Morrow Gas ... 62 4 1/2 5797 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 set. MIRU. Set bottom plug from 5560'-5400' w/20 sxs cmt. Displaced w/mud. Shot 4½" casing @ 3120'. POOH & LD. Set 50 sx cmt plug from 1450'-1350'. Set 40 sx cmt plug from 700'-600'. Set 10 sx cmt surface plug from 40'-surface. Job complete. (if additional description is necessary, use BACK of this form.) -Name of Plugging Contractor Sargent's Casing Pulling Service Licenset No Plugging Contractor Sargent No Plugging Contra REGENTED Address P. O. Box 506, Liberal, KS 67901 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sargent's Casing Pulling Service CONSERVATION DIVISION STATE OF Oklahoma. _____ COUNTY OF Tulsa Wichita, Kansas Charlotte Van Valkenburg (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 (Signature) the same are true and correct, so help me God. Box 21468, Tulsa, OK 74121-1468 (Address) P. O.

SUBSCRIBED AND SWORN TO before me this 15th day of

My Commission Expires:

April ,19 94

Notary Public