WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-187-209050000 STATE CORPORATION COMMISSION K-A-R--82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME R&L Farms WELL NUMBER 1-628 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 2880 Ft. from (S) Section Line office within 30 days. 3400 __ Ft. from(E)Section Line Harris Oil and Gas Company LEASE OPERATOR SEC. 28 TWP.295 RGE.39 (E) or (W) ADDRESS 1125 17th Street, Suite 2290, Denver, CO 80202 COUNTY Stanton Date Well Completed 9/19/98 PHONE# (303) 293-8838 OPERATORS LICENSE NO. 9953 Character of Well D & A Plugging Commenced 9/19/98 (Oll, Gas, (D&A) SWD, Input, Water Supply Well) Plugging Completed 9/19/98 The plugging proposal was approved on _q/1q/q8_____ (date) (KCC District Agent's Name). by Dodge City Is ACO-1 filed?______if not, is well log attached?_____ Producing Formation None Depth to Top Bottom T.D. Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Put in From To Size Pulled out Formation Content 1725 8 5/8" 1725' 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 100 Sx @ 3050', 50 Sx @ 1750', 40 Sx @ 600', 10 Sx @ 40', 15 Sx rathole 10 Sx mousehole All cement 60/40 pozmix with 6% gel (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Allied Cementing License No._____License No.____ 1757 1 3 15 1 Address PO Box 31, Russell, KS 67665 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Harris 011 & Gas Company W. silta Kansas (oldmadd COUNTY OF 1 DIVINEY STATE OF (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 fired the the same are true and correct, so help me God. (Signature) (Address) SUBSCRIBED AND SWORN TO before me this My Commission Expires: MMW

> Form CP-4 Revised 05-8;

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