15/151-21464-00-00 WELL PLUGGING RECORD STATE OF KANSAS . K.A.R.-82-3-117 API NUMBER Completed 8-8-84 STATE CORPORATION COMMISSION 130 S. Mark t, Room 2078 LEASE NAME Dudrey Wichita, KS 67202 TYPE OR PRINT WELL NUMBER 3 NOTICE: Fill out completely and return to Cons. Div. ____ Ft. from S Section Line office within 30 days. ____ Ft. from E Section Line LEASE OPERATOR __Carl Dudrey SEC. 36 TWP. 295 RGE. 12W (E) or (W) ADDRESS P. O. Box 65 St. John, KS 67576 COUNTY ____ Pratt__ PHONE (316) 549-3234 ___OPERATORS LICENSE NO. 8045 Date Well Completed ____ Character of Well _Oil _ Plugging Commenced _ 08-09-96 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 09-06-96 The plugging proposal was approved on ______ (date) ____ (XCC District Agent's Name). _____Steve Grant _____ Is ACO+1 filed? ______If not, is well log attached? --Producing Formation ______ Depth to Top_____ Bottom T.D. 3900' Show death and thickness of all water, all and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Formation Content From To Size Put in Pulled out 8 578 341' none · 5 1/2 38991 1700' Describe in detail the manner in which the well was plugged, indicating where the mud fluid i placed and the method or methods used in introducing it into the hole. If cament or other plwere used, state the character of same and depth placed, from__feet to___feet each so Plugged off bottom with sand to 2530' & 5 sks cement. Shot @ 2014' & 1700'. Worked pipe loose at 1700'. Lay down all 5 1/2 casing. Tied on to 8 5/8 & pumped 300# hulls, 10 sks gel, 50 sks cement. 10 sks gel, 100# hulls. Released 8 5/8 plug, followed by 100 sks cement. Shut in @ 300 psi. Max psi 500. 60/40 6% gel. Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Address P.O. Box 467 Chase, Kansas 67524 MAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Carl Dudrey STATE OF Kansas COUNTY OF _Rice_ Mike Kelso (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 to the same are true and correct, so help me God. (Signature) (Address) P. O. Box 467 Chase, KS 67524 RECEIVED STATE CORPORATION COMMISSION SUBSCRIBED AND SWORN TO before me this 12th September ,19 96 SEP 1 3 1996 09-13-96 Notary Public / My CommissionyExpures: Sign

My Appt. Exp. Aug. 24, 1997

MICHILA LUNGUE

Revised 05-