STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-097-21,296-0000 200 Còlorado Derby Building Wic∜ita, Kansas 67202 LEASE NAME Allen Schmidt TYPE OR PRINT WELL NUMBER 1 NOTICE: Fill out completely and return to Cons. Div. 4690 Ft. from S Section Line office within 30 days. Ft. from E Section Line SEC. 28 TWP 29S RGE. 18 XXXXX (W) LEASE OPERATOR Vincent Oil Corporation ADDRESS 100 N. Main, Suite 500, Wichita, KS 67202 COUNTY Kiowa PHONE#(316) 262-3573 OPERATORS LICENSE NO. Date Well Completed Character of Well Oil " aritik Plugging Commenced 9-7-93 miller in the (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 9-15-93 The plugging proposal was approved on September 3, 1993 (date) (KCC District Agent's Name). Steve Durant ____tf not, is well log attached?_____ yes is ACO-1 filed? yes _____ Depth to Top_____ Bottom Producing Formation Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Size Put In Pulled out 240 None 4969 2800 4.1/2Describe 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 Sanded from 5015 to 4910, pumped 4sx cement at 4910 with dump bailer, cut and pulled casing, Pumped 300 hulls, 10 gel, 50 cement, 10 gel, 100 hulls, 8 5/8 plug, 150sx cement at surface 60-40 POZ. 6% gel (If additional description is necessary, use BACK of this form,) ____License No. 5105 Name of Plugging Contractor Clarke Corporation Address P.O. Box 187, Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Vincent Oil Corporation COUNTY OF __Barber STATE OF Kansas Jeff Sletto · (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 th the same are true and correct, so help me God. RECEIVED. GLENDA MORRISON (Signature) STATE NOTARY PUBLIC STATE OF KANSAS (Address) Medicine Lodge, KS 67104 My Appl. Exp. Aug. 17, 1994 SUBSCRIBED AND SWORN TO before me this __20 __ day of__September **,19** 93 CONSERVATION DIVISION Wichita, Kansas Mourison Notary Public My Commission Expires: August 17, 1994