STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-019-04803-0000

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009

TYPE OR PRINT
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

API NUMBER 11-25-55

LEASE NAME Gunn A

WELL NUMBER 3 KCC

1650 S Ft. from S Section Line

990 E Ft. from E Section Line

SEC. 20 TWP. 19S RGE. 13W (E)or(W)

COUNTY Barton

Date Well Completed

Plugging Commenced 08-17-2000

Plugging Completed 08-17-2000

LEASE OPERATOR Black Spot Oil

ADDRESS P.O. Box 1417 Great Bend, KS 67530

PHONE (316) 792-5251 OPERATORS LICENSE NO. 7319

Character of Well Oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 08-17-2000 (date)

by Case Morris (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached?

Producing Formation Depth to Top 3301' Bottom 3364 T.D. 3475

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

| Formation | Content | From | To | Size | Put in | Pulled out |
|---|---|---|---|---|---|---|
| | Surface | -0- | 761 | 8 5/8" | 761 | None |
| | | | | | | |
| | | | | | | |
| | Production | -0- | 3454 | 5½" | 3454 | 989.10' |

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.

Bottom plug, sand & cement 3404'. Allied pumped @ 1100' pumped 1000sacks cement 60/40 10% gel and 350# hulls. @ 300' pumped 60 sacks cement then topped off with 15 sacks cement. Job started 10:00 a.m. and completed 11:30 a.m.

Name of Plugging Contractor D.S.& W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67535

RECEIVED
STATE CORPORATION COMMISSION
AUG 28 2000
CONSERVATION DIVISION
Wichita, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Black Spot Oil

STATE OF Kansas COUNTY OF Barton ,ss.

Joseph F. Strube (Employee of Operator) (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 the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2000

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Form CP-4
Revised 05-88