STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building	WELL PLUGGING RECORD K.A.R82-3-117	API NUMBER Spud 12-31-64
Wichita, Kansas 67202	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.	WELL NUMBER 2 660 Ft. from S Section Line 660 Ft. from E Section Line
LEASE OPERATOR Mull Drilling Company, Inc.		SEC. 21 TWP. 27 RGE. 20 (XX) or (W)
ADDRESS P.O. Box 2758, Wichita, KS 67201		COUNTY Kiowa
PHONE#(316) 264-6366 OPERATORS LICENSE NO. 5144		Date Well Completed 1-20-65
Character of Well 011		Plugging Commenced 10-4-96
(Oll, Gas, D&A, SWD, Input, Water Supply Well)		Plugging Completed $10-25-96$
The plugging proposal was approved on 10-96		(date)
ьу Steve Middleton		(KCC District Agent's Name).
Is ACO-1 filed? NOIf not, is well log attached? No logs were run		
Producing Formation Mississipp	ian Depth to Top 4861	Bottom 4887 T.D. 4887
Show depth and thickness of all water, oil and gas formations.		
OIL, GAS OR WATER RECORDS CASING RECORD		
placed and the method or method were used, state the charact $100~\rm sx~6040~poz~6\%~gel~from~4$	Surface 552 8 5/8 Surface 4861 4 1/2 In which the well was plugged ods used in introducing it in the of same and depth place 887'-3700' gel from 3700-1300 pipe, came to surface. 10-25	Put in 552' 0' 11-12-96 4861' 0' 552' 11-12-96 I, Indicating where the mudy fluid was to the hole. If cement of other plugs ad, from feet to feet each set. 0' 75 sx from 1300' to sunface. 35 sx -96 Shot holes at 500' 85 sx 60-40 poz
(if additional description is necessary, use BACK of this form.)		
Name of Plugging Contractor Allied Cementing Company License No.		
Address P.O. Box 368, Medicine Lodge, KS 67104		
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mull Drilling Company		
state of Kansas	county of Sedgwick	, \$5.
	rst duly sworn on oath, says: in contained and the log of t so help me God. (Signature)	mployee of Operator) or (Operator) of That I have knowledge of the facts, he above-described not as filled that P.O. Box 2758, Wichita, KS 67201
My Appt. Expires 3.3604	D SWORN TO before me this	th day of November, 1996

Form CP-4 Ravised 05-88