STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15-097-20,852-000 STATE CORPORATION COMMISSION K.A.R.~82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME WINKELPLECK WELL NUMBER 3-12 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Dly. 1980 Ft. from S Section Line office within 30 days. 660 Ft. from E Section Line LEASE OPERATOR J. MARK RICHARDSON SEC. 12 TWP.27 RGE.16W (E)or(W) ADDRESS 155 N. MARKET #840 WICHITA, KS. 67202 COUNTY KIOWA PHONE (316) 262-3192 _____OPERATORS LICENSE NO. __5414 Date Well Completed 3/23/82 Character of Well OIL Plugging Commenced 1/21/94 Plugging Completed $_$ $^{1/24/94}$ (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on $\frac{1}{19}/94$ GLENN BARLOW (KCC District Agent's Name). Is ACO-1 filed? YES If not, is well log attached? Producing Formation MISSISSIPPI Depth to Top 4480 Bottom 4526 T.D. 4605 RTD 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 0 OIL 401 <u>8</u> 5/8 MISSISSIPPI 401 4604 0 4604 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. sand off to 2400' dump bail 4 sk cement, cut 4½ casing @2220, pump 300# hulls

10 sk ge. 50 cemtn. 10 sk gel. 100# hull. 8 5/8 plug 150 sk cement all cement

60/40 poz 6% gel (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor_GREENSBURG WELL SERVICE License No. 31201 Address 303 E KANSAS GREENSBURG, KS. 67054 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ____ J. MARK RICHARDSON STATE CORPORATION COMMISSION STATE OF KANSAS COUNTY OF SEDGWICK 2-10-94 J: MARK RICHARDSON (Employee of OperatoFilon (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-describeds Medical that Wichita, Kansas the same are true and correct, so help me God. (Signature) (And (Address) 155 N. MARKET SUITE 840 WICHITA, KS. 67202 SUBSCRIBED AND SWORN TO before me this 8TH day of FEB ____,19 ⁹⁴ State of Kansas My Appt. Exp. 2-22-96

My Commission Expires: