บักษาสาร สถาสอนาใจ ว่าวิธีดี STATE OF KANSAS K.A.R.-82-3-117 API NUMBER 15-185-22,855,000 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Fisher Wichita, KŠ 67202 A. 8 10 100 TYPE OR PRINT WELL NUMBER 1-18 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 Globe Operating, Inc. SEC. 18 TWP. 258 RGE. 13W (E) or (W) ADDRESS P. O. Box 12 Great Bend, KS 67530 COUNTY Stafford PHONE#(316) 792-7607 ___ OPERATORS LICENSE NO. __6170 Dato Well Completed _____ Character of Well Oil Plugging Commonced ___10-15-96 (OII, Gas, D&A, SWO, Input, Water Supply Holl) Plugging Completed 10-25-96 The plugging proposal was approved on _____ (etsb) _____ (XCC District Agent's Namo). is ACO-1 filed? ______ if not, is well log attached?______ Praducing Formation ______ Depth to Top______ Bottom_____T.D. 4363' Show death and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD From To Size Put In formation Pulled out 8 5/8 433' none • Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If coment or other pl were used, state the character of same and depth placed, from__feet to___feet each so Plugged off bottom with sand to 3968' & 5 sks cement. Shot well at 3006', 2712', 2507', 2403', 2303', 2200', 2100', & 2000'. Pipe came free at 2000'. Pulled all pipe. Plugged well with 3 hulls, 10 gel. 50 cement, 10 gel. 2 hulls, followed with 125 sks cement. Max 500 psi. Shut in at 300 psi. 60/40 6% gel. Plugging complete Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Chase, Kansas 67524 11-19-98 3 Address P.O. Box 467 5777 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____ Operating, Inc. __ COUNTY OF ___Rice____ STATE OF Kansas ,55. . Mike Kelso (Employed of Operator) Cor (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 t the same are true and correct, so help me God. (Signature) (Address) P. O. Box 467 Chase, KS 67524 SUBSCRIBED AND SWORN TO before me this 15th day(of November ,1996

My Commission Expires: _

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Notary Public

State of Kansas My Appt. Exp. Aug. 24, 1997