STATE OF KANSAS API NUMBER 15-047-20.996-00-00 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME <u>LeRoy Gatterman</u> Wichita, KS 67202 TYPE OR PRINT WELL NUMBER __1____ NOTICE: Fill out completely 330 Ft. from & Section Line and return to Cous. Div. office within 30 days. 1320 Ft. from Z'Section Line LEASE OPERATOR Sam W. Mays, Jr. SEC. 35 TWP. 25 RGE. 17 (XXor(W) ADDRESS PO Box 62 Great Bend, Ks. 67530-0062 COUNTY Edwards PHONE (316) 792-4957 OPERATORS LICENSE NO. 08902 Date Well Completed Character of Well Oil . Plugging Commenced 8-11-97 Plugging Completed 9-4-97(OII, Gas, D&A, SMD, input, Water Supply Well) The plugging proposal was approved on _____ (e†sb) (XCC District Agent's Name). Producing Formation _____ Depth to Top____ Bottom____T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Sizo Pulled out Formation From To Content Put In 345 8 5/8 4570' Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa placed and the method or methods used in introducing it into the hole. If cement or other plug Sanded to 4412'. Bailed 4 sks cement. Shot at 2800' & 2600'. Shot at 2500'. Shot at 2500'. Name of Plugging Contractor Quality Well Service, Inc. License No. Address 249 East Beth Drive Sterling, Ks. 67579 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sam W. Mays, Jr. Lansas COUNTY OF Barton 5am w. Mays. (Employee of Operator) or (Operator) o 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 the the same are true and correct, so help me God. (Signature) / Kan Montagel (Address) Baxb2-Core SUBSCRIBED AND SWORN TO before me this 12th day of SLOTHOUR .19 9 Notary Aubile USE ONLY ONE SIDE OF EACH FORM MOTARY PUBLIC - State of Kansas MICHELLE R. ERB

My Appt. Exp. 6-2-2001

Form CP-4
Roylsed 05-88