KAPALIN **WELL PLUGGING RECORD** STATE OF KANSAS API NUMBER 15-185-00809-0001 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 200 Colorado Derby Building Irvine LEASE NAME Wichita Kansas 67202 WELL NUMBER 1 TYPE OR PRINT 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 Cincris Energy Company SEC. 31 TWP. 24 RGE. 11W (E)or(W) ADDRESS 22996 El Toro Rd, El Toro, CA 92630 COUNTY Stafford PHONE# (916) 885-0816 OPERATORS LICENSE NO. 9247 Date Well Completed Character of Well Injection Plugging Commenced 3-24-94 Plugging Completed $_3-29-94$ (OII, Gas, D&A, SWD, Input, Water Supply Well) (date) The plugging proposal was approved on ______ Duane Rankin (KCC District Agont's Name). Is ACO-1 filed? _____ If not, is well log attached?_____ Producing Formation Depth to Top Bottom T.D. 4400' Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD From To Size Put In Pulled out Formation Content 8 5/8 3081 none... 22001 4154**'** 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. Sanded bottom to 4100' & dumped 5 sks cement. Shot @ 3000, 2800, 2600, worked pipe Left on tension. Shot @ 2400, 2300, & 2200, pipe came loose. Pulled pipe. Plugged well with 300# hulls, 10 gel, 50 sks cement, 10 gel, 100# hulls, release plug, 100 sks cement. Shut in. 60/40 poz 6% gel. Plugging complete. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 明化 医二苯二 P.O. Box 347 Chase, Kansas 67524 RECEIVED MAISSION MAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cincris Energy Company STATE GORDANATION POMP STATE OF Kansas COUNTY OF Rice (Employee of Operator) or (Operator) of R. Darrell Kelso statements, and matters herein contained and the log of the above described well consent in the statements. the same are true and correct, so help me God. (Signature) Whave The

My Commission Expires:___



SUBSCRIBED AND SWORN TO before me this 30th day of March _____,19 94

(Address) P.O. Box 347 Chase, KS. 67524

Notary Public

Form CP-4 Revised 05-88