WELL PLUGGING RECORD STATE OF KANSAS' API NUMBER 15-185-21,920-0000 , K.A.R.→82→3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Clowers Wichita, KS 67202 WELL NUMBER 2 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Bly. ____ Ft. from S Section Line office within 30 days. Ft, from E.Section Line LEASE OPERATOR Benchmark Oil & Gas Corporation SEC. 35 TWP. 24 RGE. 13 XEXXX (W) ADDRESS 410 17th Street, #1320 -Denver, Co. 80202 COUNTY Stafford PHONE (303) 595-9251 OPERATORS LICENSE NO. 31566 Date Well. Completed ____ Character of Well SWD #D-23,035 Plugging Commenced 4-10-96 Plugging Completed 4-16-96 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on ______ (date) (KCC District Agent's Name). is ACO-1 filed?_____if not, is well log attached?_____ Producing Formation _____ Depth to Top____ Bottom _____T.D. 4213' RECEIVED Show death and thickness of all water, oil and gas formations. KANSAS CORPORATION COMMISSION OIL, GAS OR WATER RECORDS CASING RECORD To Pulled out Formation Content From Size Put in 8 5/8" 342 2800 CONSERVATION DIVISION 5 1/2" 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 cement 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 3750' and 5 sacks cement. Shot casing at 2800', pulled casing/ Pumped 300# hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100# hulls, release plug, pumped 125 sacks cement. (60/40 POZMIX 6% gel) Max 300# Shut in 150#. Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Address P.O. Box 209 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Benchmark Oil & Gas Corporation, -Denver CO. STATE OF Kansas ____COUNTY OF ____Rice (Employee of Operator) or (Operator) Mike Kelso 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 to the same are true and correct, so help me God. (Signature)

(Address) P.O. Box 209 Chase, Kansas 67524

SUBSCRIBED AND SWORN TO before me this __l8th day of _ April ______,19 96

Notary Public

My Commission Expires:

