STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-185-20-780 - COOO 200 Colorado Derby Building LEASE NAME Curtis ' Vichita; Kansas 67202 . TYPE OR PRINT WELL NUMBER 1 NOTICE: Fill out completely and return to Cons. Div. ft. from S Section Line office within 30 days. Ft. from E Section Line SEC. 28 TWP.24S RGE. 13W (E) or (W) LEASE OPERATOR W. L. Kirkman Inc. ADDRESS P.O. Box 782290 Wichita, KS. 67278-2290 COUNTY Stafford PHONE (316 685-5372 OPERATORS LICENSE NO. 5673 Date Well Completed Character of Well __Oil Plugging Commenced 6-5-89 (OII, Gas, DAA, SWD, Input, Water Supply Well) Plugging Completed 6-19-89 The plugging proposel was approved on (date) (KCC District Agent's Name). is ACO-1 flied?______if not, is well log attached?_____ Producing Formation ______ Depth to Top _____ Bottom _____ T.D. 3240 Show death and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD formation. Content From To Size Put In Pulled out 8 5/8 464 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. Pumped 100# hulls, 25 sacks cement 60/40. Shot pipe @ 1372. Plugged surface w/400# hulls 10 gol 50 cooks cement, 10 gel, 100# hulls. 100 sacks 60/40 poz 6% gel. (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 Address P.O. Box 347 Chase, KS 67524 HEUEIVED NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: W. L. Kirkman Inc. STATE OF____ Kansas COUNTY OF .III 25 1989 7-25-89 Rice (Employee of Operator) Nonvalle (Operation) of R. Darrell Kelso above-described well, being first duly sworn on oath, says: That I have knowledge the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature) Alancelly (Address) P.O. Box 347 Chase, KS 67524 SUBSCRIBED AND SWORN TO before me this 1 day of 1. Thily 19 89 Notary Public ireme hoover My Commission Expires: State of Kansas My Appl Exp. Aug. 15, 1989

Form CP-4 Revised 05-88