WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-185-22976 - 0000 K.A.R.-82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Hyter Wichita, KS 67202 TYPE OR PRINT WELL NUMBER 2 NOTICE: Fill out completely and return to Coms. Div. ___ Ft. from S Section Line office within 30 days. Ft. from E Section Line LEASE OPERATOR National Petroleum Reserves, Inc. SEC.30 TWP. 248 RGE. 14W (E)or(W) ADDRESS 250 N. Rock Rd, Suite 130 Wichita, KS 67206 COUNTY __ Stafford PHONE # (316) 681-3515 OPERATORS LICENSE NO. 9482 Date Well Completed ____ Character of Well Oil Plugging Commenced 07-23-96 (OII, Gas. O&A. SWD. Inout. Water Supply Well) Plugging Completed 09-06-96 The plugging proposal was approved on ______ (date) Steve Durrant (XCC District Agent's Name). is ACO-1 filed? ______if not, is well log attached? Producing Formation _____ Depth to Top_____ Bottom _____ T.D. 4430' Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Formation From To Content Size Put In Pulled out 8 5/8 3051 none. 5 1/2 4429 '2418' 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 placed and the method or methods used in introducing it into the hole. verequised, state the character of same and depth placed, from feet to feet each so Plugged off bottom with sand to 4270' and 5 sks cement. Shot well @ 2612, 2418, Came loose at 2418'. Pulled pipe out of the hole. Plugged well with 300# hulls 10 sks gel, 50 sks cement 10 sks gel, 200# hulls. Release 8 5/8 plug. followed by 125 sks cement. Shut in Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Chase, Kansas 67524 Address P.O. Box 467 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: National Petroleum Reserves, Inc. STATE OF Kansas ____ COUNTY OF ___ Rice Mike Kelso (Employee of Operator) or (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 to the same are true and correct, so help me God. (Signature) 9-13-96 (Address) P. O. Box 467 Chase, KS 67524 RECEIVED STATE CORPORA SUBSCRIMBEON AND SWORN TO before me this 12th day of September

SEP 7 3 1996

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My Commission Expires:

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

Notary Public

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