UNULSH ONIOGOUT TION and the same of th API NUMBER 15-145-20, 293-0000 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME Blackwell Wichita, Kansas 67202 WELL NUMBER 2 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 SEC.24 TWP.22S RGE. 18W (E)or(W) LEASE OPERATOR Pintail Petroleum Ltd. ADDRESS 225 N. Market, Suite 300 Wichita, KS 67202 COUNTY Pawnee PHONE#(316) 263-2243 OPERATORS LICENSE NO. 5086 Date Well Completed Character of Well Oil Plugging Commenced 10-11-93 Plugging Completed 10-11-93 (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on ___ by ____ Steve Pfeifer (KCC District Agent's Name). is ACO-1 filed?______if not, is well log attached?_____ Producing Formation ____ ______ Depth to Top______ Bottom____ T.D. 4445' Show depth 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 10" 272 none. 7" 4395 none 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 were used, state the character of same and depth placed, from_feet to__feet each set Pumped 180 sks cement down 7" casing. Pumped 120 sks cement down 10 3/4" surface casing. Shut in. 60/40 pos 6% gel. Plugging complete. (If additional description is necessary, use BACK of this form.) License Ng TATE CORPORATION COMMISS Name of Plugging Contractor _ KELSO CASING PULLING, INC. Address P. O. BOX 347 CHASE, KS. 67524 NOV 1 8 1993 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pintail Petroleum Ltd. CONSERVATION DIVISION COUNTY OF ____ RICE STATE OF_ KANSAS (Employee of Operator) or (Operator) of R. DARRELL KELSO 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 that the same are true and correct, so help me God. (Signature) / Waland Holoz (Address) P. O. BOX 347 CHASE, KS 67524 SUBSCRIBED AND SWORN TO before me this 17th day of November Notary Public /

My Commission Expires:

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