STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Bullding Wichita, Kansas 67202

Character of Well Oil

LEASE OPERATOR T-Bar Exploration Inc.

PHONE#(405) 893-2375 OPERATORS LICENSE NO. 30457

ADDRESS P.O. Box 321 Calumet, OK. 73014

(OII, Gas, D&A, SWD, Input, Water Supply Well)

## WELL PLUGGING RECORD K.A.R.-82-3-117

TYPE OR PRINT

API NUMBER 15-145-20,712-000 LEASE NAME Oswald WELL NUMBER \_\_\_1 NOTICE: Fill out completely \_\_\_\_ Ft. from S Section Line and return to Cons. Dlv. office within 30 days. \_\_\_\_\_ Ft. from E Section Line SEC. 33 TWP. 22 RGE. 15WXE) or (W) COUNTY Pawnee Date Well Completed Plugging Commenced 4-30-91 Plugging Completed 5-7-91 The plugging proposal was approved on \_\_\_\_\_

(KCC District Agent's Name). Is ACO-1 filed?\_\_\_\_\_\_\_If not, is well log attached?\_\_\_\_\_\_ Producing Formation Depth to Top Bottom T.D. 4040' Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD From Put In Pulled out Formation Content 8 5/8" 259' 4 1/2" 4000' none <u>2142 r</u> 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 3680' ran 4 sacks cement. Shot pipe @2937', 2731', 2629', 2429', 2301', 2219'. Mixed 300# hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100# hulls, 125 sacks 60/40 6% gel. (If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING. INC. License No. 6050 BECEIVED Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: T-Bar Exploration Inc. 5-13-9/

STATE OF Kansas COUNTY OF Rice

(Employee of Operator) 67455899149469161086 R. Darrell Kelso above-described well, being first duly sworn on oath, says: That I have knowledge of the kapsasts, 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)

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

day of , May SUBSCRIBED AND SWORN TO before me this 10

Notary Public

My Commission Expires: \_\_

IRENS HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4 Revised 05-88