SIATE UF RANSAS WELL PLUGGING RECORD API NUMBER 15-009-22,963-00-00 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME LaVerne WELL NUMBER 2-2 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 LEASE OPERATOR Petroleum Property Services, Inc. SEC. 2 TWP.165 RGE. 12W (E)or(W) ADDRESS 155 N. Market, Suite 1010 Wichita, KS 67202-1824 COUNTY Barton PHONE#(316) 265-3351 OPERATORS LICENSE NO. 31142 Date Well Completed Character of Well Oil Plugging Commenced 12-17-93 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 12-21-93 The plugging proposal was approved on _____ (date) Herb Deines _____ (KCC District Agent's Name). is ACO-1 filed?_______if not, is well log attached?_____ ______ Depth to Top______ Bottom______T.D. 3336' Producing Formation Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From То Size Put in Pulled out 485' 8 5/8 none 21331 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 @ 3289' & 4 sks cement. Shot @ 2133, pulled up to 1600'. Pumped 35 sks w/100# hulls @ 1600. Pulled to 800, pumped 75 sks w/100# hulls. Pulled to 350, pumped 45 sks & circulated to surface. Pulled rest of pipe & squeezed in 30 sks to cap off. 60/40 pos 10% gel Plugging complete. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor __KELSO CASING PULLING, INC. NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:

STATE OF KANSAS

COUNTY OF RICE

Petroleum Property Services:, Inc. 03 1994

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RECT (Employee of Operator) oHicking Kansas 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) / house (Address) P. O. BOX 347 CHASE, KS 67524

My Commission Expires:

