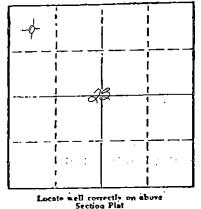
## STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely Make Required Affidavit Mail or Deliver Report to Conservation Division State Corporation Cor 245 North Water Wichita, KS 67202



WELL PLUGGING RECORD

| Give All Information Completed                    |  | lgeman                                     | Com                                 | nty. Sec.                             | 23 Tum 2                 | 215 pma 21             | WEAU             |  |
|---|--|--|-------------------------------------|---------------------------------------|--------------------------|------------------------|------------------|--|
| Make Required Affidavit Mail or Deliver Report to |  |  |                                     |                                       |                          |                        |                  |  |
|   | 11 or Deliver Report to Conservation Division State Corporation Comm.  Location as "NE/CNW SWA" or footage from lines N/2 N/2 NW Lease Owner Galloway Drilling Co., Inc. |  |                                     |                                       |                          |                        |                  |  |
|   |  |  |                                     |                                       |                          |                        |                  |  |
| 245 North Water                                   | Lease 1  | Lease Name Five StarWell No. 2             |                                     |                                       |                          |                        |                  |  |
| Wichita, KS 67202                                 | Office Address 340 Broadway Plaza Bldg, Wichita, KS  |  |                                     |                                       |                          |                        |                  |  |
|   | Charact  |  | _                                   | leted as O                            | il, Gas or               | Dry Hole               | )                |  |
|   | Dry Hole   |  |                                     |                                       |                          |                        |                  |  |
| [ <del>      </del>                               |  |  |                                     |                                       |                          |                        | 19<br>19         |  |
|   | Application for plugging approved 6/11/82 19   |  |                                     |                                       |                          |                        |                  |  |
|   | Flugging commenced 6/11/82 19  |  |                                     |                                       |                          |                        |                  |  |
|   | Plugging completed 6/11/82 19  |  |                                     |                                       |                          |                        |                  |  |
|   | Reason for abandonment of well or producing formation  |  |                                     |                                       |                          |                        |                  |  |
| [ <del></del>                                     |  |  | dry ho                              |                                       |                          | <del></del>            | <del>,-,-</del>  |  |
|   | If a producing well is abandoned, date of last production none 19  |  |                                     |                                       |                          |                        |                  |  |
| Locate well correctly on abuve                    |  |  |                                     | from the                              |                          |                        | on or            |  |
| , Section Plat                                    | its age  | ents befor                                 | e pluggi                            | ing was co                            | mmenced?                 | Yes                    | <del></del>      |  |
| Name of Conservation Agent who                    | supervised.  | plugging                                   | of this                             | well_St                               | eve Durai                | it                     | - TOTA           |  |
| Producing formation none                          |  | pth to top                                 |                                     |                                       | Total Der                | oth of Wel             | 1 4400           |  |
| Show depth and thickness of al                    | r water, or  | t ann gas                                  | IOrmatic                            | ons.                                  |                          |                        |                  |  |
| OIL, GAS OR WATER RECORDS                         |  |  |                                     |                                       | (                        | ASING_REC              | ORD              |  |
| ROTANDO   | CONTENT  | FROM                                       | TE                                  | DIZE                                  | FUT 198                  | אוררנס סתו             | <del></del>      |  |
|   |  | 1,   |                                     | <del></del>                           | 1                        |                        |                  |  |
| +4% Ge<br>cement<br>w/10 s                        |  | at 1260'<br>Second<br>+3% CC.<br>+4% Gel + | w/70sx<br>plug s<br>Third<br>3% CC. | common<br>et @ 420<br>plug set        | cement<br>'w/40sx        |                        | to               |  |
| r Lug u   | OMIL 0:30.1  | D.M. 0/11                                  | 702                                 |                                       |                          |                        |                  |  |
|   | · · · · · ·  | <del></del>                                |                                     |                                       | <del></del>              |                        |                  |  |
|   |  |  |                                     | · · · · · · · · · · · · · · · · · · · |                          |                        |                  |  |
|   |  |  |                                     |                                       |                          |                        | •                |  |
| (If additional                                    | description  | is necess                                  | ary, use                            | e BACK of                             | this sheet               | ;)                     |                  |  |
| Name of Plugging Contractor                       | Galloway 1   | Drilling                                   | Co., I                              | nc. and                               | Alliend (                | Cementing              | 3                |  |
|   |  |  |                                     |                                       |                          |                        |                  |  |
| STATE OFKANSAS                                    | COL  | UNTY OFSE                                  | DGWICK                              |                                       | 8¢:                      |                        |                  |  |
| Jay H. Galloway                                   |  |  |                                     | owner) of (ow                         | -                        | of the above-d         | escribed         |  |
| . well, being first duly sworn on oath, as        | ys: That I have k  | nowledge of the                            | iacu, staten                        | sents, and matte                      | ers berein contai        | ned and the los        | z of the         |  |
| above-described well as filed and that t          | pe esme are proe a   | nd correct So                              | clo me Go                           | 1/1/                                  | P                        |                        |                  |  |
|   | •  | (Signature)                                | y /                                 | I pu                                  | )                        |                        |                  |  |
|   |  | Ja   | у н. G                              | alloway,                              | . ,                      |                        |                  |  |
|   |  |  | =                                   |                                       | (Machita                 | =                      | <del>) 2</del> - |  |
| SUBSCRUED AND SWORN TO before                     | me this 11t  | day of                                     | June                                |                                       |                          | 82                     |                  |  |
| · / /   | 4.10-  |  | parl                                | lene D                                | J. Lier                  | mu_                    | <del></del> _    |  |
| MY TEARLENE M. COMRY                              | 1985   | . : E                                      | arlene                              | M. Lumr                               | у                        | · Notary P             | ublic.           |  |
| STATE NOTARY PUBLIC SEDGWICK COUNTY, KANSAS       |  |  |                                     | <u>রা</u>                             | RECE<br>ATTE CORPORATION | IVED                   |                  |  |
| MY APPT. EXP.                                     |  |  |                                     |                                       | ILIAL A                  | ом ООший <b>сеги</b> # | ,                |  |

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