· K.A.R.-82-3-117 API NUMBER #15-185-20-782 STATE CORPORATION COMMISSION 200 Colorado Derby Building 15.185.20782.0000 LEASE NAME Morrison Trust Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER _____1 NOTICE: Fill out completely ____ ft. from \$ Section Line and return to Cons. Div. · office within 30 days. Ft. from E Section Line SEC. 6 TWP.21S RGE. 13WAR) or (W) LEASE OPERATOR Paul L. Bandy ADDRESS P.O. Box 364 COUNTY _Stafford PHONE/(316) 628-4417 OPERATORS LICENSE NO. #5990 Date Well Completed Plugging Commenced 6-20-89 Character of Well __bil____ (OLI, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 7-7-89 (date) 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 F ____T.D. 3596 Show depth and thickness of all water, oll and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS Put In Pulled out Formation. Content From Size _8<u>2</u> ... 251 ' None 26-45 3.6.0.2 Describe in detail the manner in which the well was plugged, indicating where the mud fiuld 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 some and depth placed, from feet to __feet each set. Plugged bottom with sand to 3540°, dumped 5 sks cement shot@2900', ' 2645', pulled 67 jts. plugged surface With 300# hulls 10 sacks gel 50 sacks cement, 10 sacks gel, 100# hulls, 100 sacks cement 60/40 poz (if additional description is necessary, use BACK of this form.) Hame of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 RECEIVED STATE OCCUPATION COMMISSION Address P.O. Box 347 Chase, KS 67524 COUNTY OF Rice Wichita, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Paul L. Bandy 327 13 1000 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) Planel Relan

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

SUBSCRIBED AND SWORN TO before me this _13 __day of _July ______ 19 _89_

Notary Public

My Commission Expires:

