ADDRESS RT#1, Bax 56, Great Bend Man, 67530 COUNTY M10Wa PHONE# (316) 793-8186 OPERATORS LICENSE NO. 5393 Date Well Completed 9-20-91 Character of Well Gas Plugging Commenced 12-19-91 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 12-18-91 The plugging proposal was approved on 12-5-91-M.CWichita Approval— (date) by 12-17-91-805AM-Dan Goodrow (KCC District Agent's Name). Is ACO-1 filed? Ves If not, Is well log attached? Producing Formation Depth to Top A686 Bottom 4802 T.D. 4869 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Contont From To Size Put In Pulled out ### ### #### #######################			>		 			
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LEASE OPERATOR A.L. Aberciombe Tinc. ADDRESS RT#1, Box 56, Great Bend Man .67530 COUNTY Miowa PHONE#(316) 793-8186 OPERATORS LICENSE NO. 5393 Date Well Completed 9-20-91 Character of Well Gas Plugging Commenced 12-19-91 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging proposal was approved on 12-5-91-MCC-Wichita Approper (KCC District Agent's Name). Is ACO-1 filed? Yes If not, is well log attached? Producing Formation Depth to Top Ab86 Bottom 4802 T.D. 4869 Show depth and thickness of all water, oll and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From To Size Put in Pulled out Boscribe in detail, the manner in which the well was plugged, indicating where the mud filled in the service of same and depth pleaded, from feet to each si Pointed Play 12-18-18-18-18-18-18-18-18-18-18-18-18-18-		and				1650	1650 Ft. from S Section Line	
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Plug W/ 300 Pound's Hulls, 10 sx Gell, 50 sx 60/40 Poz, 6070 Gell, 100 Pounds Hulls, 10 sx Gell; 8 b wiper Plug, 180 sx 60/40 Poz 6070 Gell - Plug Down C 1:00 PM on 12,18,21 HCL, District 4/0gent Steve Middleton Was Presquit. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Pipe Recovery Inc. License No. 30752 Address PO: Box 7, Great Bend, Kansus, 67530 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Hoercrombe Inc.	Describe in detail. the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plused, state the character of same and depth placed, from feet to feet each substitutions of the character of same and depth placed.							
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NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Abercrombe Inc	•							
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STATE OF Kansas COUNTY OF Barton ,ss.								

above-described well, being first duly sworn on oath, says: That I have knowledge of the facstatements, and matters herein contained and the log of the above-described well as filed t

(Signature)

SUBSCRIBED AND SWORN TO before me this _ 23 d day of December , 19 91

UNUSERVANICA INVIDIONI Wichita Lot 33

RECEIVED STATE CORPORATION COMMISSION

DEC 26 1991

E. L. Abercrombe

HOTARY PUBLIC - State of Kansas SUSAN M. EVERS My Appt. Exp. 7-29-92

the same are true and correct, so help me God.

My Commission Expires: 7-29-91

Form CP Revised 05-

(Employee of Operator) or (Operator)

(Address) RT#1 BOX 56, Great Bend Han 67530

Swam M. Eavers)
Notary Public