HELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 API NUMBER 10-16-59 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 15.185.10782.0000 LEASE NAME Piel Wichita, KS, 67202 TYPE OR PRINT WELL NUMBER 2 HOTICE: Fill out completely and return to Cons. Div. _____ Ft. from S Soction Line office within 30 days. ___ Ft. from E Section Line LEASE OPERATOR Turnco Drilling Inc. SEC. 12 THP. 21 RGE. 14 (E)or(H) ADDRESS 3900 Broadway Great Bend. KS 67530 COUNTY ___Stafford ____ PHONE (316) 792-2441 OPERATORS LICENSE NO. 30517 Date Well Completed _____ Character of Well Oil Plugging Commonced _____ (Oii, Gas, D&A, SWD, input, Water Supply Woll) Plugging Completed The plugging proposal was approved on _____ (XCC District Agont's Name). Is ACO-1 filed?______If not, is well log attached?____ Producing Formation ______ Dopth to Top______ Bottom _____T.D. 3651' Show depth and thickness of all water, oil and gas formations. 1-10-98 OIL, GAS OR WATER RECORDS CASING RECORD From To Sizo Put In Pulled out Formation Content none." 3649' none~ 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 cament or other pl were used, state the character of same and depth placed, from_feet to___feet each so Sanded off bottom to 3600' & ran 5 sks cement. Ran in 2 3/8" tubing to 847 Tied on to tubing & circulated 100 sks cement to surface. Pulled out tubing & tied to 5 1/2 casing & pumped 50 sks cement. Pressured to 100#. Tied on to 8 5/8 & pumped 15 sks cement. 60/40 6%. Plugging complete. Name of Plugging Contractor __Mike's Testing & Salvage, Inc. License No._31529 Address P.O. Box 467 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Turnco Drilling Inc. STATE OF Kansas COUNTY OF Rice (Employee of Operator) or (Operator) Mike Kelso above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed t the same are true and correct, so help me God. (Signature) (Address) P. O. Box 467 Chase, KS 67524 Notary Public My Commission Expires: _

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My Appt. Exp. Aug. 24, 1997

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