WELL PLUGGING RECORD STATE F KANSAS STATE CORPORATION COMMISSION API NUMBER 15-185-22749.0000 K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME Smith Wichita, Kansas 67202 WELL NUMBER 1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 2640 Ft. from S Section Line __ office within 30 days. 3630 Ft. from E Section Line LEASE OPERATOR Hamp 011 Co. SEC. 28 TWP. 21 RGE. 14W (E) or (W) ADDRESS P.O. Box 391 Ponca City Okla. COUNTY Stafford PHONE# (405) 762-6355 OPERATORS LICENSE NO. 4384 Date Well Completed Plugging Commenced 10-28-91 Character of Well ___Oil__ Plugging Completed 10-29-91 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on 10-28-91 ьу Steve Pfeifer (KCC District Agent's Name). Is ACO-1 filed? Yes_____ If not, is well log attached? Producing Formation Lansing Depth to Top 3590 Bottom 3594 T.D. 3796 Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD STATE CONTRACTOR TOWNSSION Content Size Put In Formation From Tα Pulled out 8 5/8 332 DEC O 2 1991 51/2 3795 2,042 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 back to 3530. Dumped 5 sacks cement with baller. Shot pipe off at 2.042. Pulled casing out. Fumped top Plug of 300# hulls, 10 sacks jell 50 sacks cement, 10 sacks jell, 100# hulls, 8 578 Wiper Plug, 125 sacks cement, Shut in. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Lyons Well Service _____License No. 30375 Address 1103 S. St. John Lyons, Kansas 67554 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hamp Oil Co. STATE OF Oklahoma COUNTY OF (Employee of Operator) or (Operator) of 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 appropriate desprised well as filed that the same are true and correct, so help me God. (Signature)_ (Address)

SUBSCRIBED AND SWORN TO before me this 354 day of November, 19 91

My Commission Expires: ___

wda

Form CP-4 Revised 05-88