WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15.185. 10812.0000 STATS CORPORATION COMMISSION · K.A.R.-82-3-117 20% Coloredo Derby Bullding LEASE NAME Eva Smith Vignita, Kansas 67202 WELL NUMBER ____1 TYPE OR PRINT NOTICE: Fill out completely ___ ft. from S Section Line and return to Cons. Div. office within 30 days. . Ft. from E Section Line SEC. 21 TWP. 21S RGE. 4W YElor (W) LEASE OPERATOR D.R. Lauck Oil Co. . Inc. ADDRESS 221 S. Broadway Suite #400 Wichita, KS. 6720 EOUNTY ___Stafford__ PHONE (316) 263-8267 OPERATORS LICENSE NO. 5427 Date Well Completed Character of Well _ Oil Plugging Commenced 10/6/89 RECEIVED (OII, Gas, DAA, SWD, Input, Water SupplSTATGGGRPORATION COMMISSION Plugging Completed 10/11/89 The plugging proposal was approved on <u>NCT2 7 1989 10-27-89</u> (date) CONSERVATION DIVISION (KCC District Agent's Name). Is ACO-1 flied7_____If not, is well Wighita Kansas Producing Formation _____ Depth to Top_____ Bottom ____T.D. 3792 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS Size Put In Pulled out Formation Content From To 863 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 bottom to 3700', dumped 5 sacks cement, shot pipe @2060' Mixed 400# hulls, 10-gel, 50 sacks cement, 10-gel, 100# hulls relaesed plug 100 sacks cement 60/40 6% gel (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 Address P.O. Box 347 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: D.R. Lauck Oil Co., Inc. STATE OF Kansas _____COUNTY OF ____Rice (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 filled that the same are true and correct, so help me God. (Signature) Napre 300 (Address) P.O. Box 347 Chase, KS 67524 SUBSCRIBED AND SWORN TO before me this 24 day of October 19 89

My Commission Expires:___

State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4 Revised 05-88

Notary Public