STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION API NUMBER 15-185-20,618.000 K.A.R.-82-3-117 200 Colorado Derby Building Wichitti, Kansas 67202 LEASE NAME Hoffman #2 TYPE OR PRINT WELL NUMBER NOTICE: Fill out completely . and return to Cons. Dlv. 4290 Ft. from S Section Line office within 30 days. ______Ft. from E Section Line LEASE OPERATOR Woodman-Iannitti Oil Company SEC. 22 TWP. 215 RGE. 13W (E) or (W) ADDRESS Box 308 Great Bend, Ks. 67530 COUNTY Stafford PHONE # (316) 792-2921 OPERATORS LICENSE NO. 6588 Date Well Completed Character of Well Oil Plugging Commenced 6-4-93 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 6-28-93 The plugging proposal was approved on _____ (date) Duane Rankin (KCC District Agent's Name). Is ACO-1 filed?______ If not, is well log attached? Producing Formation Depth to Top Bottom T.D. 3660' Show depth and thickness of all water, oll and gas formations. OIL, GAS OR WATER RECORDS Formation Content From Size To Put in Pulled out --|-8-5/8"|-281'--none--5-1/2"- 3647'---2200'- 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. Plugged off bottom with sand to 3600' and 5 sacks cement. Shot pipe @2500', 2300', 2200', plugged surface with 300# hulls, 10 sks. gel, 50 sks. cement, 10 sks. gel, 100# hulls, plug and 125 sks. cement. 60/40 pos, 6% gel. Plugging Complete. (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 HAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woodman-Iannitti Oil Company STATE OF Kansas COUNTY OF Rice R. Darrell Kelso (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 above-described well as filed that the same are true and correct, so help me God. (Signature) / Marcell Ballon

(Address) P.O. Box 347 Chase, KS. 6750 CIVED

STATE COODDEATION COMMIS

SUBSCRIBED AND SWORN TO before me this __29th day of / June _____, 1993_

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My Commission Expires:



CONSERVATION DIVISION Wichita, Kansas Form CP-4 Rovised 05-88