WELL PLUGGING RECORD K.A.R.-82-3-117 API NUMBER 15-007-21816,000 STATE CORPORATION COMMISSION 200 Colorado Derby Building LEASE NAME Platt Wichita; Kansas 67202 TYPE OR PRINT WELL NUMBER 1 NOTICE: Fill out completely SPOT LOCATION SE, SE, NE and return to Cons. Dlv. 569 office within 30 days. SEC. 14 TWP. 32 RGE. 1] (SE) or (W) LEASE OPERATOR Westmore Drilling Co. COUNTY Barber ADDRESS Chapin Building, Medicine Lodge, Ks. 67104 Date Well Completed 1986 PHONE #(316) 886-3112 OPERATORS LICENSE NO. 6767 Plugging Commenced_4-21-87 Character of Well Gas Plugging Completed 4-30-87 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes Which KCC/KDHE Joint Office did you notify? Dodge City Is ACO-1 filed? ______ if not, is well log attached?______ Producing formation Depth to top bottom T.D. 3800 Show depth and thickness of all water, oil and gas formations. Top perf-25743616-24 CASING RECORD OIL, GAS OR WATER RECORDS Formation Content From Pulled out 8 5/8 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. Sand up to 2525, 5 sx of cement with dump bailer-Pulled pipe- top-plug-3 hulls-15 sx jell-50sx cement-10 sx jell-15 sx hull-plugged-125 sx cement- 60/40 poz.Metz and Elmo on Location (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corp. License No. 5105 Address Box 187 Medicine Lodge, Ks. 67104 STATE OF 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 above-described well as filed that the same are true and correct, so help me God. (Signature)((Address) SUBSCRIBED AND SWORN TO before me this RECEIVED AND SWORN TO before me this STATE CONFORATION COMMEN

My Commission expires:______

5 - 4-87

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