WELL PLUGGING RECORD 15-095-01799-0000 STATE OF KANSAS API NUMBER N/A K.A.R.-82-3-117 STATE CORPORATION COMMISSION 200 Colorado Derby Building LEASE NAME Krehbiel Wichita, Kansas 67202 TYPE OR PRINT WELL NUMBER B-2 NOTICE: Fill out completely and return to Cons. Div. SPOT LOCATION NW-NE-SE office within 30 days. SEC. 26 TWP. 29SRGE. 7 XXXXX W LEASE OPERATOR Pickrell COUNTY Kingman ADDRESS 110 N. Market, Suite 205, Wichita, KS 67202 Date Well Completed PHONE #(316) 262-8427 OPERATORS LICENSE NO. 5123 Plugging Commenced 7/31/85 Plugging Completed 8/5/85 Character of Well Oil (Oil, Gas, D&A, SWD, input, Water Supply Well) Did you notify the KCC/KDHE Joint District Office prior to plugging this well?___ves Which KCC/KDHE Joint Office did you notify?___ Wichita, KS If not, is well log attached? Is ACO-1 filed? Producing formation ______ Depth to top_____ bottom _____T.D. 4236 Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS Formation Content From To Size Put in Pulled out 8 5/8 249 None 5 1/2 4233 3300 Describe in detail the manner in which the well was plugged, indicating where . the mudifiuid 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 from 4204 to 3630 5sx cement eith dump bailer from 3630 to 3600 Allied pump in 4sx hulls, 15sx jell 8 5/8 plug, 100sx cement, 8 5/8 plug, 25sx cement 60-40 POZ, 6% jell Aurmiller, VanGeison, and E. Morgenstern on location. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corp. Address P.O. Box 187, Medicine Lodge, KS 67104 COUNTY OF Barber STATE OF Kansas Elmo Morgenstern (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) CAREN J. McCULLOUGH

My Commission expires: June 29, 1987

NOTARY PUBLIC

STATE OF KANSAS
My Appt. Exp. 10-29-87

STATE COMPURATION CONMISSION

SUBSCRIBED AND SWORN TO before me this 12 day of August

(Address) Medicine Lodge, KS

Form CP-4 Revised 01-84

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