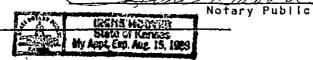
WELL PLUGGING RECORD STATE CORPORATION COMMISSION
200 Colorado Parto Devilding
Wichdmas Comsas 67202 STATE OF KANSAS API NUMBER 15-185-11211-0000 K.A.R.-82-3-117 LEASE NAME Howard JAN 23 1989 . WELL NUMBER A#3 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. Ft. from S Section Line office within 30 days. Wichita, Kansas Ft. from E Section Line LEASE OPERATOR Graham-Michaelis Corporation SEC. 15 TWP. 22SRGE. 13W Ken or (W) ADDRESS Box 232 Russell, KS 67665 COUNTY Stafford PHONE#(316) 254-8394 OPERATORS LICENSE NO. 5134 Date Well Completed Plugging Commenced 12/27/88Character of Well Oil Plugging Completed 12/29/88 (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on \_\_\_\_\_\_ \_\_\_\_\_ (KCC District Agent's Name). is ACO-1 filed?\_\_\_\_\_If not, is well log attached? \_\_\_\_ Producing Formation Depth to Top Bottom T.D. 3793 Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS Pulled out Formation Content Size Put In 270 none 3790 682 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 bottom with sand to 3467', rand5 sacks cement, shot @2800'. pipe parted, pulled 20 joints, plugged surface, 300# hulls, 5 sacks gel, 100# hulls, 150 sacks 60/40 poz 6% gel, into 8 5/8". (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, KS 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corporation STATE OF\_\_\_\_ Kansas Rice COUNTY OF 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) / hours

My Commission Expires:



SUBSCRIBED AND SWORN TO before me this 20th day of January ,19 89

(Address) P.O. Box 347 Chase, KS 67524