WELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 API NUMBER 15.185-30315-0000 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Hullman Wichita, KS 67202 TYPE OR PRINT WELL NUMBER __3 NOTICE: Fill out completely and return to Cons. Div. _____ Ft. from S Section Line office within 30 days. ____ ft, from E Section Line LEASE OPERATOR Stalcup Oil Company SEC. 10 TWP. 22SRGE. 13 (EX) ADDRESS 3224 N. Main Great Bend, Ks. 67530 COUNTY Stafford PHONE#(316) 793-3118 OPERATORS LICENSE NO. 7702 Date Well Completed Plugging Commenced 3-6-96 Character of Well Oil Plugging Completed 3-6-96 (OII, Gas, D&A, SWD, input, Water Supply Well) The plugging proposal was approved on _____ (ats) (XCC District Agent's Name). is ACQ-1 filed?______if not, is well log attached?______ Producing Formation ______ Depth to Top_____ Bottom_____T.D. 3835' Show depth and offickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS 3-18-96 _____ CASING RECORD Formation of From To Size Put in Pulled out Content 8 5/8" 215 none 11103 5 1/2" 3835' none Describe indetal the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cament or other pl were used, state the character of same and depth placed, from feet to feet each so Hooked to backside and pumped 200 sacks cement (60/40 POZMIX 6% gel) Max Press. 250# Shut in 100# Hooked to 5-1/2" casing and pumped 250 sacks 60/40 POZMIX 6% gel with 400# hulls. Max Press=450# Shut in 75# Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Address P.O. Box 209 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Stalcup Oil Co. Great Bend, Ks. STATE OF Kansas ____ COUNTY OF ___Rice Mike Kelso (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters becall contained and the log of the above-described well as filed to the same are true and correct, so help me God. (Signature) This Dielle (Address) P.O. Box 209 Chase, Kansas 67524 SUBSCRIBED AND SWORN TO before me this 7th day of /March 19 96

My Commission Expires:

State of Kansas My Appl Exp. Aug. 24, 1997

Notary Public