15.185.30479-0002 WELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 API NUMBER D# 81-563-C STATE COMPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Hullman Wichita, XS 67202 TYPE OR PRINT WELL NUMBER 4 MOTICE: Fill out completely and return to Cous. Div. _____ Ft. from 5 Section Line office within 30 days. ____ Ft. from E Section Line LEASE OPERATOR Stalcup Oil, Company SEC. 10 TWP. 22SRGE. 13 KEDNOT (W) ADDRESS 3224 N Main, #9 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 SWD (Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 3-6-96 The plugging proposal was approved on ______ (XCC District Agent's Name). Is ACO-1 filed?______If not, is well log attached?______ Producing Formation _____ Copth to Top_____ Bottom _____T.D. 3924' Show death and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS 3-18-96 CASING RECORD Formation: From Size Put In Content Pulled out 8 5/8" 357! none 3845 5 1/2" none Describe in detail 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. It cement or other pl were used, state the character of same and depth placed, from__feet to___feet each so Hooked to backside and pumped 10 sacks 60/40 POZMIX 6% gel and pressured to 300 300#, hooked to 4-1/2" casing and pumped 200 sacks cement 60/40 POZMIX 6% gel with 400# hulls. Max Press =600# Shut in 250# Plugging complete. Name of Flugging 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 ,ss. 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 herein contained and the log of the above-described well as filed to the same are true and correct, so help me God. (Signature) (Address) P.O. Box 209 Chase, Kansas 67524 7th day of / March _____,19 96 SUBSCRIBED AND SWORN TO before me this Notary Public/

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

My Commission Expires:

Revised 05-