Lease Owner: Stoeppelwerth Drilling, Inc.
Address: Box 193, Russell, Kansas
Lease (Farm Name): Simpson
Well No.: 1
Well Location: SW/4 SE/4 Sec. 10 Twp. 28 Rge. 27 (W)
County: Decatur
Field Name (If any): wildcat
Was well log filed with application? yes
If not, explain: ________
Date and hour plugging is desired to begin: 6/26/70 5:00 pm
Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission.
Name of the person on the lease in charge of well owner: Jack Lowry- Toolpusher
Address: Box 306, Cambridge, Nebraska, 69022
Plugging Contractor: Halliburton Services
License No.: ________
Address: Hayes, Kansas
Invoice covering assessment for plugging this well should be sent to: Stoeppelwerth Drilling, Inc.
Address: Box 193, Russell, Kansas

and payment will be guaranteed by applicant.

RECEIVED:
STATE CORPORATION COMMISSION
JUL 6 1970
CONSERVATION DIVISION
Wichita, Kansas
Signed: ________
Applicant or Acting Agent
JUL 7 1970
CONSERVATION DIVISION
Wichita, Kansas
JUL 29, 1970
June 29, 1970

WELL PLUGGING AUTHORITY

<table>
<thead>
<tr>
<th>Well No.</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease</td>
<td>Simpson</td>
</tr>
<tr>
<td>Description</td>
<td>SW SE 10-2-27W</td>
</tr>
<tr>
<td>County</td>
<td>Decatur</td>
</tr>
<tr>
<td>Total Depth</td>
<td>4005</td>
</tr>
<tr>
<td>Plugging Contractor</td>
<td>Co. Tools</td>
</tr>
</tbody>
</table>

Stoeppelwerth Drilling, Inc.
Box 193
Russell, Kansas 67665

Gentlemen:

This is your authority to plug the above subject well in accordance with the Rules and Regulations of the State Corporation Commission.

This authority is void after 90 days from the above date.

Very truly yours,

[Signature]

Lewis Brock, Administrator

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Mr. W. L. Nichols Box 157 Morland, Kansas
is hereby assigned to supervise the plugging of the above named well.