STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202  

WELL PLUGGING RECORD  
K.A.R. - 82-3-117  

API NUMBER  

LEASE NAME  Hoylman #3  

WELL NUMBER  

SPOT LOCATION  

SEC. 12 TWP. 66 RGE. 21 (E) or (W)  

COUNTY  Graham  

Date Well Completed  

12/16/85  

Plugging Completed  

12/18/85  

LEASE OPERATOR  Petroleum Management, Inc.  

ADDRESS  400 N. Woodlawn, Suite 201, Wichita, Ks. 67208  

PHONE #(316) 686-7287  OPERATORS LICENSE NO.  5254  

Character of Well  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)  

Did you notify the KCC/KDHE Joint District Office prior to plugging this well?  Yes  

Which KCC/KDHE Joint Office did you notify?  Hays  

Is ACO-1 filed?  If not, is well log attached?  

Producing formation  
Depth to top  
bottom  T.D. 3558'  

Show depth and thickness of all water, oil and gas formations.  

OIL, GAS OR WATER RECORDS  

<table>
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<tr>
<th>Formation</th>
<th>Content</th>
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<th>Size</th>
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<td>8 5/8</td>
<td>362'</td>
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<td>4 1/2''</td>
<td>3512'</td>
<td>2870'</td>
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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 2970' & 4 sacks cement. Shot pipe at 2870' & pulled 71 joints of pipe. Plugged well with 3 hulls, 25 gel, 100 cement with 1 hull, 15 gel, released plug, & 80 sacks 60/40 poz 6' gel 3' c.c.  

Plugging complete.  
(If additional description is necessary, use BACK of this form.)  

Name of Plugging Contractor  Kelso Casing Pulling  
License No.  6050  
Address  Box 347, Chase, Ks, 67524  

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)  

(Address)  Box 347, Chase, Ks, 67524  

SUBSCRIBED AND SWORN TO before me this 23rd day of December, 1985  

My Commission expires:  

IRENE HOOVER  
State of Kansas  
My Appl. Exp. Aug. 15, 1985  

DEC 23 1985  

Form CP-4  
Revised 01-84