**WELL PLUGGING RECORD**

**API NUMBER** 15-163-21,430-00-00

**LEASE NAME** Kriley D

**WELL NUMBER** 4

**330** ft. from S Section Line

**4290** ft. from E Section Line

**SEC. 20 TWP. 75 RGE. 17 ** (E or W)

**COUNTY** Rooks

**DATE WELL COMPLETED** 04-28-94

**PLUGGING COMPLETED** 04-29-94

**DATE WELD COMPLETED** (date)

**PLUGGING COMPLETED** (date)

**CHARACTER OF WELL** oil

**OIL, GAS, AND WATER RECORDS**

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**DOES THE PLUGGING PROPOSAL MEET ALL REQUIREMENTS?**

**Yes**

**LEASE OPERATOR** Black Eagle Resources

**ADDRESS** P.O. Box 515, Stockton, Kansas 67669

**PHONE** 913-425-6921

**OPERATORS LICENSE NO.** 04619

**DATE OF COMPLETION** 04-25-94

**DATE OF COMPLETION** 04-25-94

**KCC DISTRICT AGENT’S NAME** Hubert Deines

**IF ACOS FILLED, IF NOT, IS WELL LOG ATTACHED?** Yes

**PRODUCING FORMATION** Arubuckle

**DEPTH TO TOP** 3250’

**BOTTOM** 3276’

**T.C.** 3276’

**OIL, GAS, OR WATER RECORDS**

**CASPING RECORD**

**NAME OF PLUGGING CONTRACTOR** D.S.W. Well Servicing, Inc.

**LICENSE NO.** 5901

**ADDRESS** P.O. Box 231, Claflin, Kansas 67525

**NAME OF ENTITY RESPONSIBLE FOR PLUGGING FEES** Carl Barnes/Black Eagle Resources

**STATE OF** Kansas

**COUNTY OF** Barton

**JOSEPH F. STRUBE** (Employee of Operator) or (Operator) a

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 filled the same are true and correct, so help me God.

**SIGNATURE**

**ADDRESS** P.O. Box 231, Claflin, Kansas 67525

**SUBSCRIBED AND SWORN TO BEFORE ME THIS, 03 day of April, 1994.

**KARLYNN K. BECK**

**Notary Public**

**STATE CORPORATION COMMISSION**

**RECEIVED**

**MAY 14, 1994**

**KARLYNN K. BECK**

**Notary Public**

**STATE OF KANSAS**

**CONSERVATION DIVISION**

**Wichita, Kansas**

**CARL BARNES/BLACK EAGLE RESOURCES**

**USE ONLY ONE SIDE OF EACH FORM**