WELL PLUGGING RECORD

API NUMBER 15-153-20,792
LEASE NAME - Wahrman
WELL NUMBER #1

NOTICE: Fill out completely and return to Comm. Div. office within 30 days.

15-153-20-799-00-00

LEASE OPERATOR THUNDERBIRD DRILLING, INC.
ADDRESS P.O. Box 780407, Wichita, KS 6728-0407
PHONE (316) 685-1441 OPERATORS LICENSE NO. 5131

Character of Well D&A
(C11, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on 3-27-94

by Marion Schmidt (KSC District Agent's Name).

Other ACO-1 filed? No If not, is well log attached?

Producing Formation Depth to Top Bottom T.D. 4120

SHOW DEPTH AND THICKNESS OF ALL WATER, OIL AND GAS FORMATIONS.

OIL, GAS OR WATER RECORDS

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Describe in detail the manner in which the well was plugged, including where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each section:

Fill w/ heavy mud; set 1st plug @ 2730'-2630' w/ 25 sx; 2nd plug @ 1900'-1580' w/ 100 sx; 3rd plug @ 345'-185' w/ 40 sx; 4th plug @ 40'-surface w/ 10 sx; pipe hole 15 sx; total 190 sx 60-40 posmix 6% gel.

Name of Plugging Contractor Abercrombie RTD, Inc. License No. 30684
Address 150 N. Main, Suite 801, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Thunderbird Drilling, Inc.

STATE OF Kansas COUNTY OF Sedgwick

Mark R. Galyon Employee of Operator (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 the same are true and correct, so help me God.

(Signature) April 19, 1995
(Address) 50 N. Main, Suite 801, Wichita, KS 67202

My Commission Expires: March 20, 1997

ANGELA WOODARD Notary Public State of Kansas
My Appt Expires

CONSERVATION DIVISION OF KANSAS

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19 APRIL 1995.

Angela Woodward
Notary Public

USE ONLY ONE SIDE OF EACH FORM.
STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # ______________________ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR ______________________ (owner/company name) KCO LICENSE # __________

ADDRESS ______________________ CITY ______________________

STATE ______________________ ZIP CODE ______________________ CONTACT PHONE # ( ) __________

LEASE ______________________ SPOT LOCATION/QQQQ COUNTY ______________________

FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&R ___ SWD/ENHR WELL ___ DOCKET# __________

CONDUCTOR CASING SIZE ____ SET AT __________ CEMENTED WITH __________ SACKS

SURFACE CASING SIZE ____ SET AT __________ CEMENTED WITH __________ SACKS

PRODUCTION CASING SIZE ____ SET AT __________ CEMENTED WITH __________ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION _______ T.D. _______ PBTD _______ ANHYDRITE DEPTH _______ (Stone Corpalt Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING ______________________

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ADD'L FILED? _____

If not explain why?

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_______________________________ PHONE# ( ) __________

ADDRESS ______________________ City/State ______________________

PLUGGING CONTRACTOR ______________________ (company name) KCC LICENSE # __________

ADDRESS ______________________ PHONE # ( ) __________

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) __________

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT DATE: ______________________ AUTHORIZED OPERATOR/AGENT: ______________________

(SIGNATURE)