STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

K.A.R. 82-3-117

API NUMBER 147-20,480

LEASE NAME Kelly

WELL NUMBER 4

2475 Ft. from S Section Line

940 Ft. from E Section Line

SEC. 23 TWP. 2S RGE. 19W (E)or(W)

COUNTY Phillips

Date Well Completed 9/17/85

Plugging Commenced 5/30/95

Plugging Completed 6/8/95

LEASE OPERATOR Graham-Michaelis Corp.

ADDRESS P. O. Box 247, Wichita, KS 67201

PHONE# (316) 264-8394 OPERATORS LICENSE NO. 5134

Character of Well Oil

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

The plugging proposal was approved on May 18, 1995 (date)

by David P. Williams (KCC District Agent's Name).

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

Producing Formation Toronto/Lansing Depth to Top 3322' Bottom 3500' T.D. 3630'

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

OIL, GAS OR WATER RECORDS

CASING RECORD

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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 plug were used, state the character of same and depth placed, from feet to feet each set Allied Cementing plugged well with 25 sx 60/40 poz mix plus 200# hulls, plus 11 sacks gel spacer and 175 sacks 60/40 poz mix cement w/10% gel. Hole did not load. Shut down. Tied onto the back side and the annulus pressed up to 500# PSI. Ran measuring line. Top cement 268'. Called KCC rep. Mr. Dennis Hamel. Per instructions from Mr. Hamel we bridged the hole off and ran 2 sacks of cement on top of bridge. Completed plugging.

Name of Plugging Contractor Graham-Michaelis Corp. License No. 5134

Address P. O. Box 247, Wichita, KS 67201

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corp.

STATE OF Kansas COUNTY OF Sedgwick

Jack L. Yinger, Vice President (Employer of Operator) or (Operator) o 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) [Signature]

(Address) P. O. Box 247, Wichita, KS 67201

SUBSCRIBED AND SWORN TO before me this 13th day of June, 1995

[Signature] [Signature]

Aldine M. Johnson Notary Public
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) KCC LICENSE # ______________________ (operator's)

ADDRESS ______________________ CITY ____________

STATE ____________ ZIP CODE ____________ CONTACT PHONE # ( ) ____________

LEASE ______________________ WELL# ____________ SEC. ______ T. ______ R. ______ (East/West)

_____ SPOT LOCATION/_________ 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&A ___ 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 Corral 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 ACO-1 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 # ______________________ (contractor's)

ADDRESS __________________________________ PHONE# ( ) ______________________

PROPOSED DATE AND HOUR OF PLUGGING (If Known) ______________________

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEE BY OPERATOR OR AGENT

DATE: ___________ AUTHORIZED OPERATOR/AGENT: ______________________

(signature)