**WELL PLUGGING RECORD**

**K.A.R.-82-3-117**

**API NUMBER:** 15-047-21.364 -00-90

**LEASE NAME:** Cross "C"

**WELL NUMBER:** 20

**4950 ft. from S Section Line**

**1320 ft. from E Section Line**

**SEC. 20 TWP. 24 RGE. 17 (E) or (W)**

**COUNTY:** Edwards

**Date Well Completed:** 1/15/1991

**Plugging Completed:** 1/27/03

**PLUGGING PROPOSAL WAS APPROVED ON:** 1/22/03

**BY:** Steve Durant

**IS ACO-1 FILED?** yes

**IS WELLOG ATTACHED?** not available to us

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

**CASING RECORD**

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put in</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 5/8</td>
<td></td>
<td>347</td>
<td></td>
<td>none</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 1/2</td>
<td></td>
<td>4527</td>
<td></td>
<td>2419</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.


**RECEIVED**

Name of Plugging Contractor: Quality Well Service, Inc.

License No. 31925

Address: 401 West Main, Lyons, KS 67554

**NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:**

**STATE OF:** Kansas

**COUNTY OF:** Sedgwick

**LOVENESS Mpanje**

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

(Signature) Loveness Mpanje

(Address) 9431 E Central, St. 100, Wichita KS 67206

**SUBSCRIBED AND SWORN TO BEFORE ME 7th day of July, 2004.**

Betty B. Herring

Notary Public

My commission Expires: 04/30/2006

Form CP-4

Notary Public - State of Kansas

Betty B. Herring

My Appt. Exp. 04/30/06

Revised 05-86