WELL PLUGGING RECORD
K.A.R. 82-3-117
API NUMBER Spud Date 1-9-70
LEASE NAME Hansen Estate
WELL NUMBER 1

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

EASE OPERATOR Kaiser-Francis Oil Company
ADDRESS P.O. Box 466 Ellinwood, Kansas 67526
PHONE (316) 793-0436 OPERATORS LICENSE NO. 6568

Character of Well Oil
OIL, GAS, D&A, SWD, Input, Water Supply Well

The plugging proposal was approved on ___________________________ (date)

Carl Goodrow (KCC District Agent's Name).

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

Reducing Formation __________ Depth to Top __________ Bottom __________ T.D. 3524'

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

OIL, GAS OR WATER RECORDS

<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></td>
<td></td>
<td>8-5/8&quot;</td>
<td>309'</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5-1/2&quot;</td>
<td>3520 1/2</td>
<td>400'</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other plugs used, state the character of same and depth placed, from feet to feet each string. Plugged off bottom with sand to 3470', and 5 sks. cement. Shot casing @ 1650', 940', 650' and 400', Pumped 100 sks. cement from 1700' to surface, laid down 5-1/2" casing, 60/40 pos. 10% gel.

Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529
Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kaiser-Francis Oil Company
TATE OF Kansas COUNTY OF Rice ss.

Mike Kelso (Employee of Operator) or (Operator)

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

(Signature) ________________

(Address) P.O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 3rd. day of December 1998

I, ______ Notary Public

My Commission Expires: ___________________________

Form CP
Revised 05-