STATE OF KANSAS
STATE CORPORATION COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. 82-3-117

API NUMBER 15-025-00047 - O O - O O

LEASE NAME Campbell Drilling MC

WELL NUMBER 1

SEC. 30 TWP. 34S RGE. 21 (E) or (W)

COUNTY Clark

Date Well Drilled 11/5/1959

Plugging Completed 10/21/2004

Plugging Completed 10/21/2004

by Jim Holland

KCC District Agent’s Name.

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

Producing Formation ________________ Depth to Top 5526 Bottom 5540 T. D. 5749

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>
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<td>19”</td>
<td>249</td>
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<td>10”</td>
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<td></td>
<td></td>
<td></td>
<td>5 1/2</td>
<td>5749</td>
<td>2500</td>
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</table>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Lay down 1 1/2 tubing, could not get CIBP past 5305’, set at 5300’, spot 2 sacks portland with dump bailer

10/20 – stretch and cut pipe at 2500’, work loose, pull 1500’

10/21 – Allied load hole with 15 sacks jel, pump 30 sacks cement at 1000’, pull to 700’, pump 70 sacks cement, pull to 40’, load to surface with 60/40 POZ, 6% jel

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation

License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGHING FEES: Quail Oil & Gas, LLC

STATE OF Kansas COUNTY of Barber ss.

John Swinford (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) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 5 day of November 2004

My Commission Expires: November 30, 2006

GLENDA MORRIS NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 11/3/06

RECEIVED
NOV 09 2004
KCC WICHITA