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

RECEIVED
OCT 28 2004

KCC WICHITA

LEASE OPERATOR Molz Oil Company

ADDRESS 19159 SW Clairmont, Kiowa, KS 67070

PHONE # 620-296-4558 OPERATOR’S LICENSE NO. 6006

Character of Well good

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

The plugging proposal was approved on 9/23/2004 (date)

by Steve Durant (KCC District Agent’s Name).

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

Producing Formation Miss Depth to Top 4840 Bottom 4868 T. D. 4918

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

OIL, GAS, OR WATER RECORDS

CASING RECORD

<table>
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<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
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<tbody>
<tr>
<td>8 5/8</td>
<td></td>
<td></td>
<td></td>
<td>323</td>
<td></td>
<td>None</td>
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<tr>
<td>5 1/2</td>
<td></td>
<td></td>
<td></td>
<td>4918</td>
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<td>2800</td>
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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.

9/23-lay down rods and tubing, set CIBP at 4700, dump 2 sacks portland with bailer

9/24-swab oil from casing, stretch and cut pipe at 2800..........9/27-lay down 5 1/2 run 600'tubing, Allied load hole with 10 sacks gel, spot 40 sacks cement, pull tubing to 350', spot 50 sacks, pull to 40', circulate to surface with 10 sacks 60/40 POZ, 6% gel

9/28 - fill 28' sand

(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 PLUGGING FEES Molz Oil Company

STATE OF Kansas COUNTY of Barber

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 25 day of October, 2004

My Commission Expires: November 30, 2006