STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER 15-039-20, 301
LEASE NAME Robertson
WELL NUMBER 1
(Fe, from S Section Line
____ Ft. from E Section Line
SEC. 1  TWP. 5 RGE. 30W (E) FOR (W)
COUNTY Decatur
Date Well Completed 10-4-90
PluggingCommenced 10-17-90
Plugging Completed __________________________

LEASE OPERATOR A.L. Abercrombie, Inc.
ADDRESS RT #1 Box 56 Great Bend, KS. 67530
PHONE (620) 793-8186 OPERATORS LICENSE NO. 5393

Character of Well
(Oil, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on __________________________ (date)
by __________________________ (KCC District Agent's Name).

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

Producing Formation __________________________ Depth to Top ____________ Bottom T.D. 4170'

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

OIL, GAS OR WATER RECORDS

<table>
<thead>
<tr>
<th>CASING RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formation</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>8 5/8&quot;</td>
</tr>
<tr>
<td>4 1/2&quot;</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.
Sanded bottom to 4100', ran 4 sacks cement. Shot pipe @2200', 2000', 1800', 1600', 1414'. Mixed 600# hollows, 275 sacks 65/35 pozz 10% gel,
Max Pressure 400#, Shut In 200#

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050
Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A.L. Abercrombie, Inc.

STATE OF Kansas COUNTY OF Rice ss.

R. Darrell Kelso (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 filed that the same are true and correct, so help me God.

(Signature) __________________________
(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 31 day of Oct., 1990

My Commission Expires: __________________________

Form CP-4 Revised 05-88

State of Kansas
My Appt. Exp. Aug. 24, 1993

Notary Public