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

API NUMBER

LEASE NAME Wyrill 19A

WELL NUMBER 2

4950 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 19 TWP. 6S RGE. 20W(E)or(W)

COUNTY Rooks

Date Well Completed 06-10-91

Plugging Commenced 06-10-91

Plugging Completed 06-10-91

LEASE OPERATOR Ritchie Exploration, Inc.

ADDRESS 125 N. Market, Suite 1000, Wichita, KS 67202

PHONE (316) 267-4375 OPERATORS LICENSE NO. 4767

Character of Well D&A

(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? Yes If not, is well log attached?

Producing Formation Depth to Top Bottom T.D.

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

OIL, GAS OR WATER RECORDS

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<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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<tbody>
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<td>Surface</td>
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Casing Record

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<tr>
<th>JUL 12 1991</th>
<th>CONSERVATION DIVISION</th>
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<tbody>
<tr>
<td>0-12-91</td>
<td>Wichita, Kansas</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 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.

1st plug @ 3764' w/25 sx
2nd plug @ 1910' w/25 sx
3rd plug @ 1190' w/100 sx
4th plug @ 260' w/40 sx

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

Name of Plugging Contractor Murfin Drilling Company, Inc. License No. 30606

Address 250 N. Water, Suite 300, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ritchie Exploration, Inc.

STATE OF KANSAS COUNTY OF SEDGWICK

Jeff Christian (Employee of Operator) or (Employee of party responsible for plugging fees) 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)

My Commission Expires: 6/07/92

Form OP-4 Revised 05-88