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

WELL PLUGGING RECORD
K.A.R. 02-3-117

API NUMBER 15-163-20711-60-00
LEASE NAME McClurug
WELL NUMBER 1

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

LEASE OPERATOR Martin Oil Producers Inc.

ADDRESS 1010 Union Ctr. Bldg. Wichita, Ks. 67202

PHONE# (316) 264-0352 OPERATORS LICENSE NO. Oil

Character of Well Oil

(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. 3622'

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

OIL, GAS OR WATER RECORDS

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<tr>
<td></td>
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<td></td>
<td></td>
<td>8 5/8&quot;</td>
<td>240'</td>
<td>793'</td>
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<td></td>
<td>4 1/2&quot;</td>
<td>3617'</td>
<td>973'</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. Sanded bottom to 3300', ran 4 sacks cement, shot pipe @1800', 1600', 1100', 793'. Plugged top with 225 sacks cement 500# hulls.

[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 147 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Martin Oil Producers 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 147 Chase,KS. 67524

SUBSCRIBED AND SWORN TO before me this 13 day of November, 1991

My Commission Expires: __________

Form CP-4 Revised 05-88

Notary Public