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

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

API NUMBER 15-051-22,182-40
LEASE NAME Storm
WELL NUMBER 5

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

LEASE OPERATOR The Dane G. Hansen Trust

ADDRESS P. O. Box 187, Logan, KS 67646
PHONE#(785) 689-4816 OPERATORS LICENSE NO. 5285

Character of Well Oil


The plugging proposal was approved on March 2, 2005 (date)
by Jay Pfeifer (KCC District Agent's Name).

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

Producing Formation LKC Depth to Top 3519 Bottom 3680 T.D. 3840

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

OIL, GAS OR WATER RECORDS

Casing RECORD

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 5/8&quot;</td>
<td>203'</td>
<td>None</td>
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<td></td>
<td>5 1/2&quot;</td>
<td>3830'</td>
<td>None</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, feet to feet each set.

5 1/2" - Mixed 50 sx 60/40 w/3 Hulls and 12 Gal followed by 165 sx 60/40 w/200# Hulls, Press. 1000#, Shut in @ 500#.

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

Name of Plugging Contractor Allied Cementing Co., Inc.

License No.

Address P. O. Box 31, Russell, KS 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: The Dane G. Hansen Trust

STATE OF KANSAS COUNTY OF PHILLIPS

Richard L. Wallgren, Sr. (Employee of Operator) xxx Operator of above-described well, being first July 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) Richard L. Wallgren, Sr.
(Address) P. O. Box 187, Logan, KS 67646

SUBSCRIBED AND SWORN TO before me this 2nd day of March, 2005

Notary Public
Betty Jane Bittel

My Commission Expires: July 17, 2008

Form CP-4 Revised 05-88
WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER ____________________________ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _______________________________________________ OPERATOR'S LICENSE NO. __________

ADDRESS __________________________________________________________ PHONE # ( ) __________

LEASE (FARM) ___________ WELL NO. ______ WELL LOCATION _______ COUNTY ______

SEC. _____ TWP. _____ RGE. _____ (E)or(W) TOTAL DEPTH _______ PLUG BACK TD ______

Check One:

OIL WELL __ GAS WELL ___ D & A ___ SWD or INJ WELL ___ DOCKET NO. ______

SURFACE CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS

CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS

PERFORATED AT ______

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK __________ JUNK IN HOLE ______

PROPOSED METHOD OF PLUGGING _____________________________________________

_________________________________________________________________________

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? ______ IS ACO-1 FILED? ______
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN __________________________

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

________________________________________________________________________

ADDRESS ______________________________________________________________ PHONE # ( ) __________

PLUGGING CONTRACTOR __________________________ LICENSE NO. __________

ADDRESS  __________________________________________________________ PHONE # ( ) __________

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED: __________________________________________________________

(Operator or Agent) __________________________________________

DATE: __________________________