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

API NUMBER 15-065-21,793
LEASE NAME Rush
WELL NUMBER B-1

FT. FROM S SECTION LINE
FT. FROM E SECTION LINE
SEC. 16 TWP. 6S RGE. 22W 6TH
COUNTY Graham

DATE WELL COMPLETED
PLUGGING COMMENCED 9-4-90
PLUGGING COMPLETED 9-10-90

LEASE OPERATOR Energy Production, Inc.
ADDRESS 81 Walnut Drive Hill City, KS 67662
PHONE # OPERATORS LICENSE NO. 5016

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. 3915'

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

OIL, GAS OR WATER RECORDS

<table>
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</thead>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>8 5/8'</td>
<td>613'</td>
<td>none</td>
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<td></td>
<td>4 1/2'</td>
<td>3873'</td>
<td>1599'</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 3650' ran 4 sacks cement. Shot pipe @1800', 1599'. Down 8 5/8' casing @800# pressure mixed 5 sacks hulls with 250 sacks cement and shut in @500#. 750 sacks 65/35 pea 84 gel and 5 sacks 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 347 Chase, Kansas 67524 9-21-90

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Energy Production, Inc.
STATE OF Kansas COUNTY OF Rice
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 20 day of Sept., 1990

My Commission Expires: 

Form CP-4 Revised 05-88