WELL PLUGGING RECORD

K.A.R. 62-3-117

API NUMBER 15-065-22,740-00-00

LEASE NAME MIDDLETOWN

WELL NUMBER #1

LEAST OPERATOR NATIONAL PETROLEUM RESERVES

ADDRESS 250 N. ROCK RD., SUITE 340, WICHITA, KS 67206

PHONE (316) 681-3515 OPERATORS LICENSE NO. 9482

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 6-9-94

(date)

by MARVIN MILLER, HAYS

(XCC District Agent's Name)

Is ACO-1 filled? YES

If not, Is well log attached? 

Producing Formation

Depth to Top ______ Bottom ______ T.D. 3900'

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>
<th>To</th>
<th>Plug Size</th>
<th>Put In</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5-8/8'</td>
<td>246.96'</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 fluid were used, state the character of same and depth placed, from foot to foot each section:

Fill w/ heavy mud; set 1st plug @ 2100'-2200' w/ 25 sx; 2nd plug @ 1230'-830' w/ 100 sx; 3rd plug @ 300'-140' w/ 40 sx; 4th plug @ 40'-surface w/ 10 sx; rathe hole 15 sx; Total 190 sx 60-40 posmex 65 gel 3% cr, 1/4# Flesnel per sk.

Name of Plugging Contractor: ABERCROMBIE LTD., INC.

License No. 30684

Address: 150 N. MAIN, SUITE 801, WICHITA, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: NATIONAL PETROLEUM RESERVES

STATE OF KANSAS COUNTY OF SEDGWICK

(June 3, 1994)

(Operator)

(Signature)

(Employee of Operator)

(Address)

(Notary Public)

My Commission Expires: 5-18-97

USE ONLY ONE SIDE OF EACH FORM.
WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR ___________________ XCC LICENSE # ____________
(owner/company name) (operator’s)

ADDRESS ___________________________ CITY ________________________

STATE __________ ZIP CODE __________ CONTACT PHONE # ( ) __________

LEASE ___________________ WELD# __________ SEC. ___ T. ___ R. ___ (East/West)

SPOT LOCATION/COORD COUNTY ________________________________

_______ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)
_______ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL __ GAS WELL __ D&A __ SWD/ENHR WELL __ DOCKET#

CONDUCTOR CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS
SURFACE CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS
PRODUCTION CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPUG SETS:

ELEVATION ______ T.D. _______ PTD _______ ANHYDRITE DEPTH ______

(Stone Coral Formation)

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

PROPOSED METHOD OF PLUGGING ________________________________

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? ______ IS ACO-1 FILED? ______

If not explain why?

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.

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

__________________________ PHONE # ( ) ____________________

ADDRESS ___________________ City/State ______________________

PLUGGING CONTRACTOR ___________________ XCC LICENSE # ____________
(company name) (contractor’s)

ADDRESS ___________________ PHONE # ( ) ____________________

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) __________________

PAYMENT OF THE PLUGGING FEE (K.S.A. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: __________________ AUTHORIZED OPERATOR/AGENT: __________________

(SIGNATURE)