LEASE OPERATOR  Ritchie Exploration, Inc.

ADDRESS  125 N. Market, Ste. 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 01/14/94 (date) by Ken Kuhn -- Hays (KCC District Agent's Name).

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

Producing Formation Depth to Top 2-2-94
Bottom 3-5/8"

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

OIL, GAS OR WATER RECORDS

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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

25sx--2125', 100sx--1310', 40sx--350', 10sx--40', 15sx-RH
JC: 1:30 am 1/17 BY Allied.

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

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

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

STATE OF Kansas  COUNTY OF Sedgwick, ss.

Ritchie Exploration, Inc.  (Employee of Operator) or (Operator) o
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 the same are true and correct, so help me God.

(Signature)  Jeff Christian

(Address)  125 N. Market, Wichita, KS

SUBSCRIBED AND SWORN TO before me this 31st day of January, 1994.

Lisa Thimmesh
Notary Public

My Commission Expires:

LISA THIMMESCH
STATE OF KANSAS
My Appt. Exp. 8-31-95

USE ONLY ONE SIDE OF EACH FORM

Form CP-4
Revised 05-85
STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

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 _______________ (owner/company name) KCC LICENSE # _______________

ADDRESS ____________________________________ CITY __________________________

STATE _______________ ZIP CODE _______________ CONTACT PHONE # ( ) _______________

LEASE __________________________________ WELL# SEC. ____ T. ____ R. ____ (East/West)

_______ SPOT LOCATION/_______ 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 BRIDGEPLUG SETS:

ELEVATION _______ T.D. _______ PSTD _______ ANHYDRITE DEPTH _______ (Stone Corral 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 ___________________ (company name) KCC LICENSE # _______________

ADDRESS __________________________________ PHONE # ( ) _______________

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

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

DATE: _____________ AUTHORIZED OPERATOR/AGENT: _______________________

(signature)