WELL PLUGGING RECORD

K.A.R.-82-3-117

API NUMBER 15-179-21060-0000

LEASE NAME Brandt Farms

WELL NUMBER 1

490 Ft. from N Section Line
1650 Ft. from E Section Line

SEC. 22 TWP. 6 RGE. 26 W 1/2 or (W)

COUNTY Sheridan

Date Well Completed 3/1/93
Plugging Commenced 9/9/98
Plugging Completed 9/14/98

The plugging proposal was approved on 9/9/98 (date) by (KCC District Agent's Name).

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

Producing Formation Lansing Depth to Top 3746 Ft. Bottom T.D. 3964 Ft.

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>Size</th>
<th>Put in</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Production</td>
<td></td>
<td>339F</td>
<td>3951F</td>
<td>8-5/8&quot;</td>
<td>339F</td>
<td>None</td>
</tr>
</tbody>
</table>

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.

Pressed up backside to 500#. Pumped 150 sacks 60/40 Pozmix down inside of casing as follows: 40 sacks with 300# hulls, then 15 sacks gel, then 110 sacks with 200# hulls. Pressured up to 1000#.

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

Name of Plugging Contractor Hess Oil Company License No. 5663

Address P. O. Box 1009, McPherson, KS 67460

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Hess Oil Company

STATE OF KANSAS COUNTY OF McPHERSON ss.

Carol Nickel (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) Carol Nickel

(Address) same

SUBSCRIBED AND SWORN TO before me this 14th day of October, 1998

My Commission Expires: 

Form OP-4 Revised 05-88