STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-033-21029 - 00 - 00

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE NAME Acres

WELL NUMBER 2-21

2310 Ft. from N /Section Line

1900 Ft. from E /Section Line

SEC. 21 TWP. 32S RGE. 18 (E or W)
COUNTY Comanche

Date Well Completed 9/16/1999
Date Well Commenced 4/18/2005
Date Well Completed 4/20/2005

PLUGGING

by Richard Lacey (KCC District Agent's Name).

is ACO-1 filed? Yes___ If not, is log attached?

Producing Formation Depth to Top 5080 Bottom 5101

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

OIL, GAS, OR WATER RECORDS

Casing Record

<table>
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<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
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Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Pull tubing, set CIBP @ 5000', dump 2 sacks cement with dump bailer 4/19 - stretch and cut off casing @ 3200', pull and lay down casing 4/20 - run tubing to 1150', load hole with 15 gel, pump 50 sacks cement, pull tubing to 700', pump 50 sacks, pull to 300', pump 40 sacks, pull to 40', circulate to surface with 60/40 poz, 4% gel

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

Name of Plugging Contractor Clarke Corporation  License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: CLX Oil & Gas LLC

STATE OF Kansas COUNTY of Barber , ss.

John Swinford (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 filled that the same are true and correct, so help me God.

(Signature) __________________________

(Adress) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this ______ day of May 2005

______________________________
Notary Public

My Commission Expires: November 30, 2006

RECEIVED MAY 19, 2005

KANSAS CORPORATION COMMISSION

CONSRIATION DIVISION
WICHITA, KS