STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Topeka, KS 66612
Wichita, KS 67202

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

API NUMBER 15-065-21-735-00-00
LEASE NAME Nichol
WELL NUMBER 3

NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

1650 Ft. from S Section Line
1320 Ft. from E Section Line
SEC. 15 TWP. 7 RGE. 22 (E) or (W)
COUNTY Graham

Date Well Completed 1-83
Plugging Commenced 10-4-01
Plugging Completed 10-5-01

The plugging proposal was approved on 10-4-01 (date)
by Richard Williams (KCC District Agent's Name).

Is ACO-I filed? NA If not, Is well log attached? no logs

Producing Formation Toronto Depth to Top 3478-8 Bottom 3482 T.O.3780

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

OIL, GAS OR WATER RECORDS

<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>
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</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>Oil</td>
<td>3478-82</td>
<td>8 5/8</td>
<td>250 0</td>
<td></td>
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<tr>
<td></td>
<td>Water</td>
<td>4 1/2</td>
<td>3780</td>
<td>0</td>
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</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 section.

Replaced tubing to 2000'. Pumped 110 sx min con w/ 600# hulls. Cement cir.
Pumped 30 bbls midcon down 8 5/8, SI
10-5-01 Pumped 55 sx down 4 1/2 and 5 sx down 8 5/8 All Pressured to 500# SI

Name of Plugging Contractor: Production DRILLING INC.
License No. 5386

Address P O Box 680 Hays KS.

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Production DRILLING INC.

STATE OF Ks. COUNTY OF Ellis

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) "ANDREW" (Employee of Operator) or (Operator) Date 10-10-01

(Address) P O Box 680 Hays KS

SUBSCRIBED AND SWORN TO before me this 11th day of Oct, 1981

Dwight R. Miller
Notary Public

My Commission Expires: 10-10-01

Form CP-4 Revised 05-88

OK