STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. -62-3-117

API NUMBER 15-065-22732 -00-00

LEASE NAME Claude Kenyon Trust

WELL NUMBER 1

330 Ft. from S Section Line
4290 Ft. from E Section Line

SEC 30 TWP 7S RGE 21W (E) or (W)

COUNTY Graham

Date Well Completed 12/20/93

Plugging Commenced 12/20/93

Plugging Completed 12/21/93

by Marion Miller - Hays (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D.

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 plug were used, state the character of same and depth placed, from feet to feet each set.

25sx--1795', 100sx--1000', 40sx--265', 10sx--40', 15sx--RH w/ 60/40 6% gel
JC: 3:00am 12/21/93 by Allied.

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

Address 250 N. Water, Ste. 300, Wichita, KS 67202-1299

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 that
the same are true and correct, so help me God.

(Signature)

(Address) 125 N. Market, Wichita, KS

SUBSCRIBED AND SWORN TO before me this 24th day of January, 1994

Lisa Thimmesch
Notary Public

My Commission Expires: 8-29-98

Form CP-4
Revised 05-88
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 ____________________________ KCC LICENSE # _____________ 
(Owner/company name) (operator’s)

ADDRESS ____________________________ CITY ____________________________

STATE ____________________________ ZIP CODE ____________________________ CONTACT PHONE # ( ) __________________

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

_____ SPOT LOCATION/QQQQ 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. ______ PBTD ______ 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 ____________________________ KCC LICENSE # _____________
(company name) (contractor’s)

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)