WELL PLUGGING RECORD

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

WELL NUMBER #1

API NUMBER 15-193-20,614-00-00
LEASE NAME KELLER TRUST

NOTE: Fill out completely and return to Comm. Div. office within 30 days.

LEASE OPERATOR THUNDERBIRD DRILLING, INC.

ADDRESS P.O. Box 780407, Wichita, KS 67278

PHONE (316) 685-1441 OPERATORS LICENSE NO. 5131

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 12-7-93

by Ed Schumacher

(KCC District Agent's Name).

Is ACD-1 filed? no If not, is well log attached?

Producing Formation Depth to Top Bottom T.D. 2310'

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

OIL, GAS OR WATER RECORDS |

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<th>Formation</th>
<th>Content</th>
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<td>8 1/8&quot;</td>
<td>263.08'</td>
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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 section.

Fill w/healthy mud; set 1st plug @ 2670'-2570' w/25 sx; 2nd plug @ 1830'-1430' w/100 sx; 3rd plug 315'-155' w/40 sx; 4th plug 2 40'-surface w/10 sx; rathole 15 sx; Total 190 sx 60-40 posmick 6 gel 1/2 Floosol per sk.

Name of Plugging Contractor Abercrombie BTB, Inc.

Address 150 N. Main, Ste 801, Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Thunderbird Drilling, Inc.

STATE OF Kansas COUNTY OF Sedgwick

Mark R. Galvin

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

ANIELA GOODARD
Notary Public State of Kansas
My App. Expires

SUBSCRIBED AND SWORN TO before me this 17th day of December, 1993

Angela Woodard
Notary Public

My Commission Expires: March 20, 1997

Form DP-34
Revised 05-83
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)

___ 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

(Feet, K.B.) _______________ (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)