STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. - 02-3-117

API NUMBER 15-163-20,473 - 00

LEASE NAME Jones

WELL NUMBER "A" #5

--- Ft. from S Section Line
--- Ft. from E Section Line

SEC. 28 TWP. 7 RGE. 16W(E)or(W)
COUNTY Rooks

Date Well Completed

Plugging Commenced 6-23-94
Plugging Completed 6-24-94

LEASE OPERATOR Petroleum Management, Inc.
ADDRESS P. O. Box H Plainville, KS 67663
PHONE (913) 434-2042 OPERATORS LICENSE NO. 5242

Character of Well Oil

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

The plugging proposal was approved on ________________________ (date)

by ________________________ (KCC District Agent's Name).

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

Producing Formation ________________________ Depth to Top ________ Bottom ________ T.D. 3307'

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

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<th>OIL, GAS OR WATER RECORDS</th>
<th>CASING RECORD</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 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. Sanded bottom @ 2770' & dumped 4 sks cement. Shot well @ 2000 & 1820. Came loose, pulled up to 1200, pumped 100 sks cement w/300# hulls. Pulled up to 500, pumped 100 sks cement w/200# hulls & circulated to surface. Capped off well with 10 sks cement. 60/40 poz 10% gel. Plugging complete.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. ___________
Address P.O. Box 147 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Management, Inc.
STATE OF Kansas COUNTY OF Rice ss.

R. Darrell Kelso (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) ___________
(Address) P.O. Box 147 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 30th day of June, 1994

My Commission Expires: ___________

Irene Herzberg
State of Kansas

Form CD-4
Revised 05-88