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

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

API NUMBER 15-163-20,462-OO-00

LEASE NAME Jones

WELL NUMBER "A" #2

Type or Print

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

LEASE OPERATOR Petroleum Management, Inc.

ADDRESS P. O. Box H Plainville, KS 67563

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? Yes No If not, is well log attached?

Producing Formation __________________________ Depth to Top __________ Bottom __________ T.D. 3270'

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>
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<th>Size</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>8 5/8</td>
<td>5 1/2</td>
<td>835'</td>
<td>3267'</td>
<td>1814'</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 plug were used, state the character of same and depth placed, from feet to feet each set. Sanded off bottom @ 2460' & dumped 5 sks cement. Shot well @ 1814', pipe came loose. Pulled up to 1100, mixed 85 sks cement. Pulled up to 250, pumped 60 sks cement. Pulled rest of pipe, topped off with 20 sks cement. 60/40 pois 10% gel. Plugging complete. (If additional description is necessary, use back of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Management, Inc.

STATE OF Kansas COUNTY OF Rice

R. Darrell Kelso (Employee of Operator or Particle Operator) o

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts states, 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)

(Address) P.O. Box 347 Chase, KS 67524

SUBSCRIBED AND SIGNED TO BEFORE ME this 30th day of June, 1994

My Commission Expires: 7-1-1994

IRENE HERZBERG
State of Kansas
Notary Public

Form CP-4
Revised 05-88