STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

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

API NUMBER 15-163-23.237-00-01
LEASE NAME Gallagher
WELL NUMBER 2

--- Ft. from S/N Line of Section (circle one)
--- Ft. from E/W Line of Section (circle one)

SPOT LOCATION NW - SW - NW
SEC. 1 TWP. 7 S. RGE 20 (E) or (W)
COUNTY Reno KS
Date Well Completed
Date Plugging Commenced 7-27-95
Date Plugging Completed 7-27-95

LEASE OPERATOR Oil Producers of KS Inc.
ADDRESS P.O. Box 8647
CITY, STATE, ZIP Wichita, KS - 67208

LEASE # 3(1/6) - 561-0231 OPERATORS LICENSE NO. 5061
Charter of Well Oil

The plugging proposal was approved on 7-21-95

by

KCC District Agent's Name

Is ACO-1 filed? Yes If not, is well log attached?
Producing Formation(s) 4-16-

Depth to Top Bottom T.D.

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>PULL OUT</th>
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<td>248</td>
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<td>5 1/2</td>
<td>3689</td>
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Described 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.

5 1/2 Casing - Mixed 300 x 60/40 Per W/10% Gel & 500 ft Hulls - Max Press. 1000 ft
Shut In Pass. 300 ft
8 5/8 Couldn't Pump Into @ 500 ft

If additional description is necessary, use back of this form.

STATE CORPORATION COMMISSION
SEP 21 1995
SEP 21, 1995
CONSERVATION DIVISION
Wichita, Kansas

Name of Plugging Contractor Allied Cementing
License No.
Address Russell, KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc of Kansas

STATE OF COUNTY OF (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)

(Employee of Operator or Operator) of above-described well, being first
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.

(Address) P.O.Box 8647, Wichita, KS 67208

SUBSCRIBED AND SWORN TO before me this 20th day of September, 1995

Carol Dumler
Notary Public

My Commission Expires: 9-20-98

Form CP-4
Revised 12-92