STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 206
WICHITA, KS 67202

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

API NUMBER

LEASE NAME
Riffe

WELL NUMBER
#2

ft. from ft. from
Section Line Section Line

SEC. 30 TWP. 7 RGE. 17 (E) or (W)

COUNTY Rooks

Date Well Completed 9/8/81

Plugging Commenced 8/28/01

Plugging Completed 8/30/01

PHONE # (785) 625-5891 OPERATORS LICENSE NO. 7076

ADDEESS PO Box 641, Hays, KS 67601

Character of well oil
(Oil, Gas, D&A, SWD, input, Water Supply Well)

The plugging proposal was approved on 8/28/01

by Herb Deines

(XCC District Agent's Name).

Is ACO-1 filed? yes if not, Is well log attached? Sent with application

Producing Formation L-KC Depth to Top 2932 Bottom 3158 T.D. 3239

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>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbuckle</td>
<td>Water/oil</td>
<td>3218</td>
<td>3240</td>
<td>8 1/8</td>
<td>1143</td>
<td>none</td>
</tr>
<tr>
<td>Lansing KC</td>
<td>Water/oil</td>
<td>2932</td>
<td>3158</td>
<td>5 1/2</td>
<td>3222</td>
<td>2225</td>
</tr>
</tbody>
</table>

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

Sand at 3649, baled 5 sks cem. Shot pipe at 2419, 2234, 2225. Pulled 9 jts. Pulled to 1200, pump 100 sks cem. with 3 sks hulls. Pulled to 700, pumped 100 sacks cement. Circulate to surface.

Name of Plugging Contractor Quality Well Service, Inc.

License No. 31925

Address 401 West Main, Lyons, KS 67554

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Black Diamond Oil, Inc.

STATE OF Kansas COUNTY OF Ellis ss.

Kenneth VEthige (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 filled that the same are true and correct, so help me God.

(Signature)

(Address)

P.O. Box 641

Notary Public Verda M. Brin

My commission Expires: 7-18-2003

Form CP-4 Revised 05-88