STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. MARKET, ROOM 2072
WICHITA, KS 67202

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

TYPE OR PRINT
NOTICE: Fill out Completely and return to cons. div. office within 30 days.

API NUMBER 15-163-22020-00-00

LEASE NAME R Miller "C"

WELL NUMBER 1-C

2310 ft. from S. Section Line
990 ft. from E. Section Line

SEC. 18 TWP. 7 RGE. 17 (E) or (W)

COUNTY Rooks

Date Well Completed 9/6/01
Plugging Commenced 9/11/01
Plugging Completed (date)

LEASE OPERATOR KCC WICHITA
Black Diamond Oil, Inc.

ADDEEES PO Box 641, Hays, KS 67601

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

Character of well oil

(Oil, Gas, D&A, SWD, input, Water Supply Well)
The plugging proposal was approved on 9/6/01
by Herb Deines

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

Producing Formation Arbuckle Depth to Top 3344 Bottom Not Reached T.D. 3410

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>
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<tbody>
<tr>
<td>Arbuckle</td>
<td>water</td>
<td>3344</td>
<td>3350</td>
<td>8 5/8</td>
<td>1274</td>
<td>none</td>
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<td></td>
<td></td>
<td></td>
<td>5 1/2</td>
<td>3409</td>
<td>2225</td>
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CASING RECORD

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 2862, baled 5 sacks cement. Shot pipe at 2225, pulled to 1350, pumped 100 sacks cement with 3 sacks hulls. Pulled to 700, pumped 150 sacks cement and 1 sack hulls. Cement circulated to surface. Pulled rest of pipe.

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 Vehige (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) P.O. Box 641
(Address) 

SUBSCRIBED AND SWORN TO before me 20th day of September, 20 01

Verda M. Brin Notary Public

My commission Expires: 7-18-2003

Form CP-4 Revised 05-88

VERDA M. BRIN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 2-18-003