STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-007-22639 - 00-00

LEASE NAME Hartley

WELL NUMBER 1

NOTICE: Fill out completely and return to Cons. Div. office within 60 days.

1980 Ft. from N \( \circ \) Section Line
1980 Ft. from E \( \circ \) W Section Line

SEC. 27 TWP. 34S RGE. 13 (E) or (W)

COUNTY Barber

Date Well Completed ___________________

Plugging Commenced 10/12/2005

Plugging Completed 10/13/2005
date

by Richard Lacey ______________________ (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.

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>
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<tbody>
<tr>
<td>10 3/4</td>
<td></td>
<td></td>
<td></td>
<td>261</td>
<td></td>
<td>None</td>
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<tr>
<td>4 1/2</td>
<td></td>
<td>4100</td>
<td></td>
<td>2670</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 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.

10/12 - set CIBP at 3810, spot 2 sacks cement with dump bailer, stretch pipe
10/13 - cut pipe loose at 2670', pull pipe to 630', Allied load hole with 15 sacks gel, pump 50 sacks 60/40 POZ, pull up to 290', pump 75 sacks, pull up to 40', load to surface

Name of Plugging Contractor Clarke Corporation

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raymond Oil Company

STATE OF Kansas COUNTY of Barber ss.

John Swinford (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) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 10 day of January, 2006

Notary Public

My Commission Expires: November 30, 2006