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

API NUMBER 4-23-48
LEASE NAME Bergier (Graves)
WELL NUMBER #1

4950 Ft. from S Section Line
2970 Ft. from E Section Line
SEC. 33 TWP. 8S RGE. 14 W1/2 or (W)
COUNTY Reno

Date Well Completed N/A
Plugging Commenced 12/19/90
Plugging Completed 12/19/90

DATE OPERATOR Murfin Drilling Company
ADDRESS Box 130 Hill City, KS 67642
PHONE (913) 674-2101 OPERATORS LICENSE NO. 6033

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

The plugging proposal was approved on Hays District #4 12/19/90 (date)
by Dennis Hamel (KCC District Agent’s Name).

Is ACD-1 filed? N/A if not, is well log attached? No

Producing Formation LKC Depth to Top 3087 Bottom 3302 T.D. 3428

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

Casing Record

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size 8 5/8</th>
<th>Put In</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td>LKC</td>
<td>Oil &amp; Water</td>
<td>3087</td>
<td>3302</td>
<td>5 1/2</td>
<td>N/A</td>
<td>0</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. Perforated Anhydrite 1750' & Dakota 750'. Pumped 75 sx 65-35 Poz w/10% Gel, 1/4# Flo-celle per sx w/30# Hulls down 8 5/8. Max PSI 750 psig, ISTIP 500 psig. Down 5 1/2 cas pumped 325 sx 65-35 Poz w/10% Gel & 1/4# Flo-celle per sx w/450# Hulls. Max PSI 1000 psig, ISTIP 750 psig. Plugging complete @ 11:30 A.M. Witnessed & approved by Dennis Hamel w/KCC

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

Name of Plugging Contractor Murfin Drilling Company License No. 6033
Address Wichita, KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Murfin Drilling Company

STATE OF KS COUNTY OF Graham, ss.

John Gerstner, Production Supt. (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) John L. Gerstner
(Address) PO 130 Hill City, KS

My Commission Expires: 6/24/93

Notary Public

[Notary Seal]

[Notary Signature]
[Notary Date]

[Notary Initials]