WELL PLUGGING RECORD

STATE OF KANSAS
STATE CORPORATION COMMISSION
K.A.R. - 62-3-117
200 Colorado Derby Building
Wichita, Kansas 67202

Y-163-01811-00-00

API NUMBER 9151
LEASE NAME Frank
WELL NUMBER 2

NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

LEASE OPERATOR Burnsco, Inc.
ADDRESS 4723
PHONE (913) 628-6141 OPERATORS LICENSE NO. 5363
Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on 11-1-95 (date)

by Carl Yoder
(KCC District Agent's Name).

Is ACO-1 filed? No If not, is well log attached?

Producing Formation 
Depth to Top 
Bottom 
T.D. 3293

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

11-14-95

<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>Surface Casing</td>
<td>0</td>
<td>100</td>
<td>8-1/2</td>
<td>3/4</td>
<td>3293</td>
<td>3293</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 plunger were used, state the character of same and depth placed from feet to feet each section of the pipe. Fill top to top line. Cement is approximately 320 feet. Height is 50". Place at 250 feet. Height at 125 feet. Height at 100 feet. Height at 40 feet. Height at 15 feet.

Name of Plugging Contractor Burnsco
License No. 5363
Address 4723 Hayh. No. 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Burnsco, Inc.

STATE OF Kansas COUNTY OF Ellis
M. Carl Yoder (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact: statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Yoder
(Address) 4723 Hayh. No. 67601

FORM CP/ Revised 9-91

My Commission Expires: 5-1-1999

NOTARY PUBLIC - S.S. of Kansas
ROSEMARY SMITH
My Appt. Exp. 5-1-1999

My Commission Expires: 5-1-1999

USE ONLY ONE SIDE OF EACH FORM