STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER
LEASE NAME Stamper
WELL NUMBER 2-5 SWD

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

LEASE OPERATOR Graham-Michaelis Corp.
ADDRESS P. O. Box 232, Russell, KS 67665
PHONE (316) 483-3136 OPERATORS LICENSE NO. 5134

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

The plugging proposal was approved on ________________ (date)
by ________________ (KCC District Agent's Name).

Is ACO-1 filed? 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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 5/8</td>
<td>120'</td>
<td>none</td>
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<td></td>
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<td></td>
<td></td>
<td>5 1/2</td>
<td>1258'</td>
<td>none</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 method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set Pumped 125 sks w/400# bull down 5 1/2 casing. Max pressure 700#. Shut in at 250#
60/40 pos 10% gel. Plugging complete.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. ________________
Address P. O. BOX 347 CHASE, KS 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Graham-Michaelis Corp.
STATE OF KANSAS COUNTY OF RICE

R. DARRELL KELSO (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) ________________
(Address) P. O. BOX 347 CHASE, KS 67524

SUBSCRIBED AND SWORN TO before me this 30th day of December 1993

My Commission Expires: ________________

IRENE HERZBERG Notary Public

Form CP-4
Revised 05-88