

STATE OF KANSAS
 CORPORATION COMMISSION
 S. Market, Room 2078
 Wichita, KS 67202

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

API NUMBER 15-185-22,142-DO-00

LEASE NAME Krankenber

WELL NUMBER 1

2310 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 14 TWP. 22S RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed 1-5-1985

Plugging Commenced 12-23-03

Plugging Completed 12-30-03

RECEIVED
 JAN 07 2004

KCC WICHITA

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

OPERATOR L.D. Drilling, Inc.

ADDRESS 7 SW 26th Avenue Great Bend, Kansas 67530

PHONE (620) 793-3051 OPERATORS LICENSE NO. 6039

Character of Well Oil

(i.e., Gas, D&A, SWD, Input, Water Supply Well)

This plugging proposal was approved on _____ (date)

Richard Lacey (KCC District Agent's Name).

ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3730'

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

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		<u>Surf</u>	<u>305</u>	<u>8-5/8"</u>	<u>305'</u>	<u>None</u>
		<u>Well</u>	<u>3729</u>	<u>5-1/2"</u>	<u>3729'</u>	<u>2330'</u>

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 are used, state the character of same and depth placed, from _____ feet to _____ feet each side.
Plugged off bottom with sand to 3500' and 5 sacks cement. Cut pipe loose @2330', laved 5-1/2" casing down. Pumped 300# hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100# hulls, 8-5/8" plug and 135 sacks cement, 60/40 pos, 6% gel down 8-5/8" surface. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: L.D. Drilling, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 6th day of January, 2004

My Commission Expires:

NOTARY PUBLIC - State of Kansas
 IRENE HERZBERG
 My Appt. Exp. 8-31-05