

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

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

API NUMBER 15-009-03393-00-00
Comp. 7-11-42

RECEIVED
FEB 03 2004
KCC WICHITA

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

LEASE NAME Riemann

WELL NUMBER 1

4950 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 25 TWP. 16 RGE. 12W (E) or (W)

COUNTY Barton

Date Well Completed 7-22-1942

Plugging Commenced 1-13-04

Plugging Completed 1-13-04

LEASE OPERATOR ROBINOWITZ OIL COMPANY

ADDRESS 7130 S. Lewis, Suite 910, Tulsa, OK. 74136

PHONE (918) 481-7130 OPERATOR'S LICENSE NO. 6883

Character of Well Oil

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

A plugging proposal was approved on _____ (date)

Pat Staab (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 4950 Bottom _____ T.D. 3387'

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>779</u>	<u>10 3/4"</u>	<u>779'</u>	<u>None</u>
<u>Prod</u>			<u>3362</u>	<u>5-1/2"</u>	<u>3362'</u>	<u>None</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. Perforated well @1475' and 775'. Ran 2-3/8" Tubing to 1500', pumped 135 sacks cement with 400# hulls and circulated to surface. Pulled out tubing, hooked onto 5-1/2" casing and pumped 155 sacks cement with 200# hulls. Tied onto 8-5/8" surface and pumped 50 sacks cement. Used 60/40 pos, 10% gel. 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: Robinowitz Oil Company

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

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 therewith, and the same are true and correct, so help me God.

(Signature) Mike Kelso

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

SUBSCRIBED AND SWORN TO before me this 2nd day of February, 20 04

[Signature]
Notary Public

My Commission Expires:

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-05

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. _____

Form 05-
Revised 05-