API NUMBER 15-195-21501-00-00 WELL PLUGGING RECORD STATE OF KANSAS STATE CORPORATION COMMISSION · K.A.R.-82-3-117 200 Coloredo Derby Building LEASE NAME Kramer Vichita, Kansas 67202 WELL NUMBER #1 B TYPE OR PRINT NOTICE: Fill out completely _____ Ft. from \$ Section Line and return to Cons. Div. office within 30 days. Ft. from E Section Line SEC. 11 TWP. 11 SRGE. 22W (BYOF (W)) LEASE OPERATOR Ritchie Exploration, Inc. ADDRESS 125 N. Market, Suite 1000 Wichita Ks 67202 COUNTY Trego PHONE (316) 267-4375 OPERATORS LICENSE NO. 4767 Date Well Completed Plugging Commenced 8/30/89 Character of Well Oil Plugging Completed $\frac{10/3/89}{}$ (Oll, Gas, DAA, SWD, Input, Water Supply Well) (date) The plugging proposal was approved on _____ (KCC District Agent's Name). Is ACO-1 filed?______ If not, is well log attached?_____ Depth to Top______Bottom_____T.D.___ Producing Formation Show depth and thickness of all water, oil and gas formations. CASING RECORD OIL, GAS OR WATER RECORDS To Size Put In Pulled out Content From Formation 304 none 4 1/2 3859 2430 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. Sanded bottom to 3710, dumped 4 sacks cement, shot pipe @3011; 2606', 2430',. Plugged with 5 hulls and cement. (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 UCT U 9 1989 Address P.O. Box 347 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ritchie Exploration, Connect. 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) The The (Address) P.O. Box 347 Chase, KS 67524 day of October .19 89 SUBSCRIBED AND SWORN TO before me this ____ Herstones Motary Public

IRENE HERZBERG

State of Kansas My Appt. Exp. Aug. 24, 1993

My Commission Expires:

Form CP-4 Revised 05-88