

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

WELL PLUGGING RECORD
K.A.R.-02-3-117

15-109-20447-00-00

API NUMBER 15-109-20447-00-00

LEASE NAME BERTRAND "Z"

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

WELL NUMBER 1

4840 Ft. from S Section Line

4840 Ft. from E Section Line

SEC. 35 TWP. 11 RGE. 33W(E) or (W)

COUNTY Logan

EASE OPERATOR Novy Oil & Gas, Inc.

ADDRESS 125 N. Market, Suite 1230, Wichita, Ks. 67202

PHONE (316) 265-4651 OPERATORS LICENSE NO. 31714

Character of Well Oil

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

Date Well Completed

Plugging Commenced 5-27-03

Plugging Completed 5-27-03

The plugging proposal was approved on _____ (date)

by Darrel Dipman (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. 4675'

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 |
|-----------|---------|------|----|--------|--------|------------|
| | | | | 8-5/8" | 223' | None |
| | | | | 4-1/2" | 4674' | None |
| | | | | | | |
| | | | | | | |

Describe in detail the manner in which the well was plugged, indicating where the mud fluids were 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 side. Plug Job Only-No Pipe Recovery. Pumped 5 sacks cement down the backside, max pressure 300#. Pumped 260 sacks cement down 4-1/2" casing, 60/40 pos, 6% gel. Max. press. 500#, shut-in 350#. Plugging Complete.

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

Address P.O. Box 467 Chase, Kansas 67524

RECEIVED
6-12-2003
JUN 12 2003

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Novy Oil & Gas, Inc. KCC WICHITA

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 to 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 10th day of June, 2003

Gene S. [Signature]
Notary Public

My Commission Expires:

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

Form CP
Revised 05-