WELL PLUGGING RECORD STATE OF KANSAS K.A.R.-82-3-117 API NUMBER 15-109-20.601-00-01 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Washdown (OWWO) 15-109-20601-00-01 Wichita, KS 67202 TYPE OR PRINT WELL NUMBER ____#1 NOTICE: Fill out completely and return to Cons. Div. 440 ___ Ft. from S Section Line office within 30 days. 330 ___ Ft. from E Section Line LEASE OPERATOR Pelican Hill Oil & Gas, Inc. SEC. 23 TWP. 115 RGE. 33 (E) or (W) COUNTY Logan ADDRESS 1401 N. El Camino Real, #207. San Clemente, CA 92672 PHONE # (714) 498-2101 OPERATORS LICENSE NO. ___31120 Date Well Completed 07-17-97 Character of Well D/A Plugging Commenced ____07-16-97 (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 07-17-97 The plugging proposal was approved on 07-16-97

by Rodger Mosses (KCC Dis (date) (KCC District Agent's Name). is ACO-1 filed? Enclosed 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 CASING RECORD Size Put in Pulled out Formation From To Content 8 5/8" None · Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa 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 Fill with heavy mud. 1st plug from 1640'-1240' with 100 sks. 2nd plug from 310'-150' with 40 sks. 3rd plug from 40'-0' with 10 sks, 15 sks in rat hole. Name of Plugging Contractor Abercrombie RTD, Inc. License No. 30684 Address 150 N. Main, Suite 801, Wichita, KS 67202 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STATE OF Kansas COUNTY OF Sedgwick (Employee of Operator) or (Operator) o above (a) and well, being first duly sworn on oath, says: That I have knowledge of the facts stay design and matters herein contained and the log of the above-described well as filed that the stay of the above-described well as filed that the stay of the above-described well as filed that the stay of the above-described well as filed that true and correct, so help me God. (Signature) (Signature) (Address) (See aboxe address) SUBSCRIBED AND SWORN TO before me this 2nd day of Sept ,1997

Maria

My Commission Expires:

Form CP-4 Revised 05-88