

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

API NUMBER 15-195-20,654-00-61

RECEIVED

NOV 08 2001  
11-08-2001  
KCC WICHITA

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

LEASE NAME Pearson

WELL NUMBER 1

4950' Ft. from S Section Line

4840' Ft. from E Section Line

SEC. 11 TWP. 12 SRGE. 22 (E) or (W)

COUNTY Trego

Date Well Completed 9/18/80

Plugging Commenced 10/16/01

Plugging Completed 10/16/01

LEASE OPERATOR Ritchie Exploration, Inc.

ADDRESS P.O. Box 783188

PHONE# (316) 691-9500 OPERATORS LICENSE NO. 4767

Character of Well oil

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

The plugging proposal was approved on October 16, 2001 (date)

by Dennis Hamel (KCC District Agent's Name).

Is ACO-1 filed? yes If not, Is well log attached? filed with CP-1

Producing Formation L/KC Depth to Top 3649' Bottom 3754' T.D. 4070'

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
L/KC	oil & brine	3648'	3901'	8 5/8"	208'	none
				4 1/2"	4069'	none

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. Perforated casing at 1840' and 975' with 2 shots per foot. Cemented 4 1/2" casing with 260 sacks 60/40 Pozmix with 10% gel and 450# hulls. Pumped 40 sacks 60/40 Pozmix with 10% gel and 50# hulls down 8 5/8" casing. Plugged complete at

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing, Inc. License No. \_\_\_\_\_

Address P.O. Box 31, Russell, KS 67665-0031

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Ritchie Exploration, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

John C. Niernberger 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) [Signature]

(Address) P.O. Box 783188, Wichita, KS

SUBSCRIBED AND SWORN TO before me this 16th day of November, 192001 67278

My Commission Expires:

KAREN HOPPER  
Notary Public - State of Kansas  
My Appt. Expires 10/27/03

Notary Public