

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

RECEIVED

AUG 23 2010

KCC WICHITA

Form CP-4 March 2009

Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #: 3273 Name: Herman L. Loeb, LLC Address 1: P.O. Box 838 Address 2: City: Lawrenceville State: IL Zip: 62439 Contact Person: Alan Vratil Phone: (812) 453-0385 Type of Well: Gas Well Is ACO-1 filed? Yes Producing Formation(s): List All (If needed attach another sheet) Depth to Top: 3710 Bottom: 3716 T.D. 4364 Depth to Top: 4396 Bottom: 4391 T.D. 4447

API No. 15 - 007-30064-00-00 Spot Description: S2 SE Sec. 8 Twp. 31 S. R. 11 1,320 Feet from South Line of Section 1,320 Feet from East Line of Section Footages Calculated from Nearest Outside Section Corner: SE County: Barber Lease Name: Axline Well #: A-1 Date Well Completed: 8/13/2010 The plugging proposal was approved on: 8/13/2010 by: Richard Lacey (KCC District Agent's Name) Plugging Commenced: 8/13/2010 Plugging Completed: 8/18/2010

Show depth and thickness of all water, oil and gas formations.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content), Casing Record (Surface, Conductor & Production) (Casing, Size, Setting Depth, Pulled Out). Data includes Surface casing at 370' and Production casing at 4400'.

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

Set CIBP at 4364, 2sx cement, set CIBP at 3670' 2sx cement with dump bailer, lay down 2300' casing, run tubing to 1st 680' spot 10sx gel 50sx 60/40 poz 4%, 2nd 400' 50sx, 3rd 60' 20sx circulate to surface

AR

Plugging Contractor License #: 5105 Name: Clarke Corporation Address 1: 107 W. Fowler Address 2: P.O. Box 187 City: Medicine Lodge State: KS Zip: 7104 Phone: (620) 886-5665

Name of Party Responsible for Plugging Fees: Herman L. Loeb, LLC

State of Kansas County, Barber, ss.

Mark Morgenstern (Print Name) Employee of Operator or Operator on 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 is as filed, and the same are true and correct, so help me God.

Signature: Mark Morgenstern