

LEASE NAME Riney Heirs

CONFIDENTIAL

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

WELL NUMBER 1
3300 Ft. from S Section L
3300 Ft. from E Section L
SEC. 13 TWP. 18S RGE. 32W ~~050~~ or
COUNTY Scott

LEASE OPERATOR WABASH ENERGY CORPORATION
ADDRESS P.O. Box 595 Lawrenceville, IL 62439
PHONE (618) 945-3365 OPERATORS LICENSE NO. 31251

Date Well Completed 7/24/98
Plugging Commenced 10:00AM 7/24/98
Plugging Completed 12:45PM 7/24/98

Character of Well D&A
(Oil, Gas, U&A, SHD, Input, Water Supply Well)

The plugging proposal was approved on 7/23/98 (date)
by Scott ALberg (KCC District Agent's Name)

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

Producing Formation None Depth to Top _____ Bottom _____ T.O. 4666

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

OIL, GAS OR WATER RECORD

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
		0	210	8 5/8	209.59	None

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other were used, state the character of same and depth placed, from feet to feet each
1st Plug @ 2320' w/50sks 5th Plug @ 40' w/10sks Circulated 1st Plug 15 Minutes w/50Vis Mud
2nd Plug @ 1500' w/80sks 10sks In Mouse Hole Plugs displaced with mud
3rd Plug @ 700' w/40sks 15sks In Rat Hole Total 245sks 60/40Poz 6%Gel w/1#FS/sk
4th Plug @ 240' w/40sks By Allied Cementing Completed @ 12:45PM 7/24/98

Name of Plugging Contractor Discovery Drilling, Inc. License No. 31548

Address P.O. Box 763 Hays, Kansas 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Wabash Energy Corporation

STATE OF Illinois COUNTY OF Lawrence, ss.

E.L. Whitmer, Jr. (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]
(Address) P.O. Box 595
LAWRENCE, IL 62439

SUBSCRIBED AND SWORN TO before me this 10th day of August, 1998

Tracy Rusher

USE ONLY ONE SIDE OF EACH FORM

My Commission Expires: 2/26/00

