

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

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

22349

API NUMBER 15-007-22,344-00-00

LEASE NAME Gress

WELL NUMBER 5

330 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 8 TWP. 31S RGE. 12 ~~XXX~~ (W)

COUNTY Barber

Date Well Completed N/A

Plugging Commenced 6/8/94

Plugging Completed 6/14/94

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

LEASE OPERATOR Robba Exploration Inc.

ADDRESS 230 N. Market, Wichita, KS 67202

PHONE#(316) 264-6653 OPERATORS LICENSE NO. 30217

Character of Well Good

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

The plugging proposal was approved on 6/8/94 (date)

by Steve Durant (KCC District Agent's Name).

Is ACO-1 filed? yes 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

| Formation | Content | From | To | Size | Put In | Pulled out |
|-----------|---------|------|----|-------|--------|------------|
| | | | | 8 5/8 | 250 | None |
| | | | | 4 1/2 | 4659 | 3100 |
| | | | | | | |
| | | | | | | |

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 section. Sanded from 4660 to 4275, spotted 5sx cement at 4275 with dump bailer, cut and pulled casing, pumped 300 hulls, 10 gel, 50sx cement, 10 gel, 100 hulls 8 5/8 plug, 100sx cement at surface, 60/40 POZ, 6% gel.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

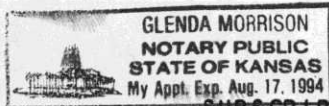
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Robba Exploration

STATE OF Kansas COUNTY OF Barber, ss.

Jeff Sletto (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact 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) Jeff Sletto

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 15 day of June, 19 94

Glenda Morrison
Notary Public

My Commission Expires: August 14, 1994