

STATE OF KANSAS  
STATE CORPORATION  
COMMISSION  
130 South Market Room 2078  
Wichita, Kansas 67202

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

API NUMBER 15-077-20139 -00-00

LEASE NAME Robinson

RECEIVED

APR 23 2003

KCC WICHITA

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

WELL NUMBER 1

660 Ft. from N /  Section Line

330 Ft. from E /  Section Line

LEASE OPERATOR Onshore, L.L.C.

SEC. 27 TWP. 31S RGE. 2 (E) or

ADDRESS 200 E. First St., Suite #3101, Wichita, KS 67202

COUNTY Harper

PHONE # 316-262-3413 OPERATOR'S LICENSE NO. 32433

Date Well Completed \_\_\_\_\_

Character of Well Casing leak

Plugging Commenced 4/15/2003

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

Plugging Completed 4/17/2003

The plugging proposal was approved on 4/15/2003 (date)

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

is ACO-1 filed? Yes If not, is well log attached? Yes

Producing Formation Miss Depth to Top 4391 Bottom 4397 T. D. 6' open hole 4397

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	249	None
				4 1/2	4391	3500

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Lay down rods and tubing, set CIBP at 4320, dump 2 sacks portland cement with dump bailor, stretch and cut 4 1/2 at 3500'

Lay down 4 1/2, run 2 3/8 to 1300', Allied load hole with 10 sacks jel, spot 35 sacks cement, pull 2 3/8 to 700' and spot 35 sacks

Pull 2 3/8 to 300' and circulate to surface, lay down 2 3/8, 60/40, 4%

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Onshore L.L.C.

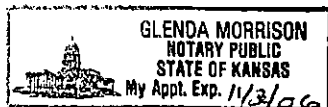
STATE OF Kansas COUNTY of Barber, ss.

Alan Vratil (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 filled that the same are true and correct, so help me God.

(Signature) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 18 day of April 2003



[Signature]  
Notary Public

My Commission Expires: November 30, 2006

[Signature]