

API NUMBER 15-119-20,295-0000

LEASE NAME Wiens

WELL NUMBER 1

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

3630 Ft. from S Section Line

4650 Ft. from E Section Line

SEC. 35 TWP. 33 RGE. 28W (E) or (W)

COUNTY Meade

LEASE OPERATOR Ritchie Exploration, Inc.

ADDRESS 125 N. Market, Suite 1000

PHONE# (316) 267-4375 OPERATORS LICENSE NO. 4767

Date Well Completed 8-28-94

Character of Well D&A

Plugging Commenced 8-28-94

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

Plugging Completed 8-28-94

The plugging proposal was approved on _____ (date)

by Glen Barlow (KCC District Agent's Name).

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

Producing Formation N/A 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

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.

First plug set at 1570' w/50 sx 60/40 poz 6% gel, second plug set at 700' w/50 sx, third plug set at 40' w/10 sx, 15 sx in rathole and 10 sx in mousehole

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

Name of Plugging Contractor Allied Cementing License No. _____

Address _____

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

STATE OF Kansas COUNTY OF Sedgwick, ss.

Ritchie Exploration, Inc. (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) 125 N. Market, Wichita, KS

SUBSCRIBED AND SWORN TO before me this 23rd day of May, 19 95

[Signature]
Notary Public

My Commission Expires: _____

LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-29-95