WELL PLUGGING RECORD STATE OF KANSAS K-A-R--82-3-117 API NUMBER Comp. 6-16-61 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 15.159-06610-0000 LEASE NAME Lackey "B" Wichita, KS WELL NUMBER _ 3 TYPE OR PRINT MOTICE: fill out completely and return to Cons. Div. ____ Ft. from S Section Line office within 30 days. ____ Ft, from E Section Line LEASE OPERATOR Smokey Valley Resources SEC. 1 TWP. 21 RGE. 6W (E)or (W) ADDRESS 1325 Hwy 56 Lyons, KS 67554 COUNTY __Rice PHONE (316) 257- 5529 OPERATORS LICENSE NO. 32081 Date Well Completed ____ Character of Well Oil Plugging Commenced __ 6-20-97 Plugging Completed 6-23-97 (OII, Gas, D&A, SWO, Input, Water Supply Well) The plugging proposal was approved on _____(date) is ACO-! filed?______If not, is well log attached?_____ Producing Formation ______ Depth to Top_____ Bottom ______ T.D. 3381' Show depth and thickness of all water, oil and gas formations. \$ 6-30-97 OIL, GAS OR WATER RECORDS CASING RECORD Formation Size From Put In Tuo bellus Content To . none 8 5/8 162 5 1/2 3378 2020 1 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 cament or other pl vere used, state the character of same and depth placed, from feet to feet each so Sanded off bottom to 3200' & ran 5 sks cement. Shot casing at 2020', worked loose. Pulled up to 750', load the hole with water. Mixed 35 sks w/100# hulls at 750'. Pulled to 550', mixed 100 hulls then 35 sks cement at 550'. Pulled to 275', & circulated cement to surface from 275' with 100 sks cement. Pulled rest of nine. Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Address P.O. Box 467 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Smokey Valley Resources STATE OF Kansas COUNTY OF Rice Mike Kelso (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) (Address) P. O. Box 467 Chase, KS 67524

My Commission Expires:

SUBSCRIBED AND SWORN TO before me this 27th day of/ June

IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1997

Notar Public

Revised 05-