STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 15.185.00655.000 1 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME Shaeffer Unit WELL NUMBER #1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 2970 Ft. from S Section Line office within 30 days. 2970 Ft. from E Section Line LEASE OPERATOR Rockhold Engineering, Inc. SEC. 4 TWP. 21 RGE. 13 (E)or(W) ADDRESS Box 698, Great Bend, Kansas 67530 COUNTY Stafford PHONE # (316)-792-2506 OPERATORS LICENSE NO. 5111 Date Well Completed 4-29-55 Character of Well Injection Plugging Commenced 9-18-87(Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 9-28-87Did you notify the KCC District Office prior to plugging this well? Yes Which KCC Office did you not!fy? One (1) Is ACO-1 filed?______ If not, is well log attached? With application Producing Formation _____ Depth to Top_____ Bottom T.D. 3605' Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS Formation Content From Size Put in Pulled out 217' 8-5/8" None 3603 ' 2,085.80 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. Dumped sand to 3350' and 4 sacks cement. Shot casing at 2050'. Pulled 66 joints of 4-1/2" casing. BJ Titan squeezed well with 300 lbs hulls, 10 sacks gel, 50 sacks cement, 10 sacks gel, 100 lbs. hulls, released plug and pumped 125 sacks 60/40 pozmix cement with 6% added gel. Maximum pressure was 300 psi and shutin 100 psi. Name of Plugging Contractor Rockhold Engineering, Inc. License No. 5111 Address Box 698, Great Bend, Kansas 67530 STATE OF Kansas county of Barton James W. Rockhold (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts,

SUBSCRIBED AND SWORN TO before me this 1th day of October ,1987

My Commission Expires:

| Mother Property | My Appt. Exp. 9/26-9/1 | COT 8 1987 |
| Form CP-4

James W. Rockhold
(Address) Box 698, Great Bend, Ks. 67530

CONCERNATION DROWNSON 07-86