

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Market, Room 2078
 Wichita, KS 67202

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

21458-00-00
 API NUMBER 15-145-2220000
 LEASE NAME Richards *RCC*
 WELL NUMBER 1 *CB*
1320 Ft. from S Section Line
330 Ft. from E Section Line
 SEC. 3 TWP. 23 RGE. 16W (E) or (W)
 COUNTY Pawnee

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

LEASE OPERATOR Oil Producers Inc. of Kansas
 ADDRESS P.O. Box 8647 Wichita, KS 67208
 PHONE # 316) 681-0231 OPERATORS LICENSE NO. _____

Date Well Completed _____
 Plugging Commenced 12-29-98
 Plugging Completed 12-29-98

Character of Well Oil
 (Oil, Gas, D&A, SWD, Input, Water Supply Well)
 The plugging proposal was approved on 12-29-98 (date)
 by Steve Piefer (KCC District Agent's Name).

Is ACO-1 filed? Yes if not, is well log attached? _____

Producing Formation _____ Depth to Top 3996' Bottom 4022' T.O. 4100'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content Surface	From -0-	To 298'	Size 8 5/8"	Put in 298'	Pulled out None
	Production	-0-	4099'	4 1/2"	4099'	2297.10'

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 plug were used, state the character of same and depth placed, from feet to feet each set. Bottom plug sand & cement 3946'. Allied mixed 300# hulls, 10 gel, & 50 sacks cement (60/40 6% gel) 10 gel 100# hulls, plug 125 sacks cement. Maximum pressure 500#, shut in at 350 p.s.i.. Job started 12:00 p.m. and completed at 12:45 p.m..

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 89013
 Address P.O. Box 231 Claflin, KS 67525

RECEIVED
 STATE CORPORATION COMMISSION
 WICHITA, KANSAS
 DEC 3 1998
 123-99

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers Inc. of Kansas
 STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (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 the the same are true and correct, so help me God.

(Signature) Joseph F. Strube
 (Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 30th day of December, 19 98

Brenda Urban
 Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
 Notary Public - State of Kansas
 My Appt. Expires Nov 14, 2001
 Form CP-4 Revised 05-88