STATE OF KANSAS STATE CORPORATION C		K.A.R.	_		API NUME	15-055-20507 3ER <u> 15-05</u>	5-20507	
130 S. Market, Room Wichita, KS 67202 R	2078				LEASE N	AME Garden	r City D	
		TYPE OR PRINT			WELL NU	WELL NUMBER 2		
FEB 0 4 2004 NOTICE: Fill out completely and return to Cons. Div. KCC WICHITA office within 30 days.					3300	3300 Ft. from S. Section Line		
<i>a</i> u -				daysa	3300	_ Ft. from E	Section Line	
LEASE OPERATOR Oxy USA, Inc.						SEC. 28 TWP. 23 RGE. 34 (85) or (W)		
ADDRESS 1701 N. Kansas Polox 2528 Liber 1, LS. 6795					COUNTY _	COUNTY Finney		
PHONE 1626 1 629 - 4200 OPERATORS LICENSE NO. 5447					Date We	Date Well Completed 11-6-1990		
Character of Well 9a5						Plugging Commenced $\frac{1-21-04}{51}$		
(OII, Gas D&A, SWD, Input, Water Supply Well)					Plugging	Plugging Completed 1-22-04		
The plugging proposal was approved on $1-20-04$ (date)								
by <u>Kevin Strube</u> (KCC District Agent's Name).								
Producing Formation Council Grove Depth to Top 2792 Bottom 2852 T.D. 4950								
Producing Formation	Council Good	Depth	to To	p 2792	Botto	om <u>2852</u> ⊤. [. 4450	
Show depth and thicks	ness of all water	oli ar	nd gas	formation	ons.			
OIL, GAS OR WATER RECORDS CASIN						RD		
Formation Co	ontent	From	40	\$1ze 21	Put In	Pulled out		
Surf.		•	1931	85/8	1931	-	•	
Prod			4948	5/2	4948	2238		
mscc CIBP		•	<u>3350</u> 4700			,		
Describe in detail the manner in which the well was plugged, indicating where the mud fluid we placed and the method or methods used in introducing it into the hole. If cement or other pluwers used, state the character of same and depth placed, from feet to feet each se								
Mixed 300 lb.	hulls 8 25 5x 6	mt. to	plug	pertst	rom 2192	2-2592, P	ulled 55	
50 5x 1100 to		x 600	to 5	oo piag	10 5x 40	to 0 Cut	off t capped	
85% 3 ft. he	low Gili							
Name of Plugging Cont	tractor SARGENT AN	ND HORTON	PLUG	GING, INC		Icense No. 31	151	
Address Route 1, Box 49BA Tyrone, OK 73951-9731 (580) 854-6515								
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OXY USA TIME.								
STATE OF Kenso	<u>5</u> coı	JNTY OF	Šu	vonl		_, ss.		
	Kenny	Andre	W5	(1	Employee of	f Operator) (or (Operator)	
above-described well,	, being first Aut	y sworn	on oa	th, says	That I ha	eve knowledge	of the fact	
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)								
(Address) Po 180 2528 Libert, Ks. 67905								
SUBSCRIBED AND SWORN TO before me this 30th day of Jan , 16204								
anita Poterson								
ANITA	Commission Expire	s:	· t . 1	. 2005	Note	ry Public		
ANITA PETE OFFICIAL MY COMMISSION October 1, 2	N EXPIRES						Form CP- Revised Q5-8	
NOT WELL	. (X						SPCD PPEIVEN	