STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichifa, Kansas 67202

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

API NUMBER_	15-077-21,175	5000
LEASE NAME_	Hurst	

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

W	ELL NUM	BER _	A-1			
_	660_	Ft.	from	s	Section	Line
	660					

	NOTICE: Fill of and return office with	to C	ons. Div.		_	S Section Line E Section Line
LEASE OPERATOR TXO Production	n Corporation			sec. <u>3</u>	TWP. 325 RGI	E. 7 (x5x)xxxxx(W)
ADDRESS 1660 Lincoln Street.	Suite 1800. De	nver,	<u>CO</u> 802	64 COUNTY	Harper	
PHONE# (303) 861-4246 OPERAT		_				d 6-26-88
Character of Well	•		•	Pluggin	g Commenced	6-26-88
(Oil, Gas, D&A, SWD, Input, Wat	ter Supply Well	1)		Pluggin	g Completed	6-26-88
The plugging proposal was appro	oved on		6-24-	88 ~	·	(date)
by Phil Worley				(KC	C District	Agent's Name).
To be filed is ACO-1 filed? by Operator if	not, is well	log a	ttached?			
Producing Formation	Depth	to T	op	Bott	omT.	.D. 3750'
Show depth and thickness of all						
OIL, GAS OR WATER RECORDS			C	ASING RECO	RD	RECEIVED
Formation Content	From	To	Size	Put in	Pullediout	CORPORATION COMMISSION
			8-5/8"	242'	None	JUL 1 1988
						CONCERVATION DIVISION
Describe in detail the manner placed and the method or methowere used, state the charact	ods used in in er of same a	trodu nd de	cing it i	nto the ho	le. If ceme feet to	he mud _{ilia} kanka was nt or other plugs
	300' - 60' - 7	35 sk	S	10 313		
(If additional desc		-0-011				
Name of Plugging Contractor	B-J Titan Con	mpany			License No.	
Address	Box 169, Grea	at Be	nd, KS	57530		
NAME OF PARTY RESPONSIBLE FOR	PLUGGING FEES:	TX	O Product	ion Corpor	ation	
STATE OF Kansas	COUNTY OF	S	edgwick		_,ss.	
Vicky Eshelman, Agent above-described well, being fine statements, and matters here the same are true and correct,	in contained a	nd th	ath, says e log of	: That I h the above-	ave knowled	ell as filed that
		/		,		ichita, KS 67202
PAMELA J. DELESTICATION State of Kansas My Appt. EMy L. Comp. 1 s.s.lon	D SWORN TO bef			oth day	· _	

Form CP-4 Revised 05-88