

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

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

API NUMBER 15-071-20377-0000

LEASE NAME Edsall

WELL NUMBER G-3

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

2970 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 6 TWP. 16S RGE. 42 XX or (W)

COUNTY Greeley

Date Well Completed 8/8/85

Plugging Commenced 8/8/85

Plugging Completed 8/8/85

LEASE OPERATOR TXO Production Corp.

ADDRESS 1800 Lincoln Center Bldg.

PHONE# (303) 861-4246 OPERATORS LICENSE NO. 5171

Character of Well D & A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Dodge City

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

Producing Formation None Depth to Top _____ Bottom T.D.

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out

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.
Contractor set 250' of surface pipe instead of the required 450'. The rig was skidded to the Edsall G-3X location & the hole completely filled w/ cmt to surface.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor _____ License No. _____

Address _____

STATE OF _____ COUNTY OF _____, ss.

(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 that the same are true and correct, so help me God.

(Signature) Frank D. Iron

(Address) _____

SUBSCRIBED AND SWORN TO before me this 2nd day of October, 19 85

Handwritten signature and date: Sharon A. Beyres, 10/2/85

Sharon A. Beyres
Notary Public

My Commission Expires: 10/10/88