

LEASE NAME Tonn

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

WELL NUMBER A-3

554
660 Ft. from S Section Lin

1945 Per KCC 5-13-83
1980 Ft. from E Section Lin

SEC. 11 TWP. 23s RGE. 10 ~~XXXX~~(W)

COUNTY Reno

Date Well Completed 12-11-87

Plugging Commenced 6-10-96

Plugging Completed 6-13-96

LEASE OPERATOR Oxy U.S.A.

ADDRESS 400 S. Main, Pratt, KS 67124

PHONE#(316) 672-5630 OPERATORS LICENSE NO. 5447

Character of Well Good

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

The plugging proposal was approved on 6-10-96 (date)

by Jerry Clark (KCC District Agent's Name)

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

Producing Formation Viola Depth to Top 3749 Bottom 3750 T.D. 3751

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
				9 5/8	257	None
				7"	3712	2000

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other p were used, state the character of same and depth placed, from feet to feet each s
sand well back to 3650, dump 7sx portland cement with dump bailer, stretch and cut pipe at
2000, lay down casing, run tubing to 1397 and spot 35sx, pull tubing to 899 and displace
hole with jel, spot 35sx, pull tubing to 307 and circulate cement to surface, 60/40 4% jel.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

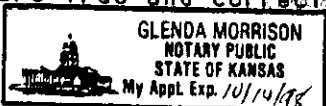
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oxy U.S.A.

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.



8-20-96

AUG 21 1996

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 14 day of June, 1996

COMMISSIONER OF REVENUE
 WICHITA, KS

[Signature]
 Notary Public

My Commission Expires: 10/14/98