STATE OF KANSAS WELL PLUGGING RECORD API NUMBER 077-21,017-00-00 STATE CORPORATION COMMISSION K.A.R.-82-3-117 200 Colorado Derby Building LEASE NAME Crow Wichita. Kansas 67202 WELL NUMBER B-1 TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 4210 Ft. from S Section Line office within 30 days. 4950 Ft. from E Section Line LEASE OPERATOR TXO Production Corp. SEC. 27 TWP. 335RGE. 6 -(-E) or (W) 1660 Lincoln St., Suite 1800 ADDRESS Denver, CO 80264 county Harper Date Well Completed 9-14-85 PHONE # 803) 861-4246 OPERATORS LICENSE NO. 5171 Character of Well Gas Plugging Commenced __5-6-88 Plugging Completed 5-18-88(Oil, Gas), D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on N/A(date) by N/A (KCC District Agent's Name). Is ACO-1 filed? ____ If not, is well log attached? ____ Producing Formation Mississippian Depth to Top 4462 Bottom 4467 T.D.4523 E.L. 1317 G.L.

Show depth and thicknessed all water, oil and gas formations.

Oil, GAS OR WATER SECORDS

CASING CASING RECORD Formation From To | Size | 8 5/8" Pulled out Put In 4 5" 4522 ±3700' 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 plugs were used, state the character of same and depth placed, from feet to feet each set. Dumped sand to cover perfs. Spotted cmt over sand w/ dump bailer. Cut and 4½ csq. Plugged top of well w/3 sxs hulls, 10 sxs gel, pulled ±3700' 110 sxs 65/35 poz-mix. (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation License No. 5105 Address 107 W. Fowler, Box 187 Medicine Lodge, KS 67104 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: TXO Production Corp. (OLORADO ___ COUNTY OF __ DENVER (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

SUBSCRIBED AND SWORN TO before me this ${\cal Q}$

(Address)

(Signature) Cour West

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

Ny Commission Expires:

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Form CP-4 Revised 05-88

1668 Lincoln, Suite 1800