

LEASE NAME Larson

WELL NUMBER A-3

SPOT LOCATION 1680 ft. N
 2180 ft. W

SEC. 9 TWP. 32S RGE. 13 ~~XXXX~~ XXXX (W)

COUNTY Barber

Date Well Completed 3/19/84

Plugging Commenced 4/25/85

Plugging Completed 5/9/85

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

LEASE OPERATOR TXO

ADDRESS 200 W. Douglas, Suite 300, Wichita, KS 67202

PHONE # (316) 265-9441 OPERATORS LICENSE NO. 5171

Character of Well Gas
 (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, KS

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

Producing formation _____ Depth to top _____ bottom _____ T.D. 4525
 Plug back 4156

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
				8 5/8	307	None
				4 1/2	4517	3250

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. Sand from 4525 to 3975, 4sx cement from 3925 to 3895, 5sx hull, 15sx jell, 50sx cement, 10sx jell, 1sx hull, 125sx cement 60-40 POZ, 2% jell, 3% CC

Luthe, M. Bland, and E. Morgenstern on location

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

Name of Plugging Contractor Clarke Corp. License No. 5105
 Address P.O. Box 187, Medicine Lodge, KS 67104

RECEIVED
 STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Barber, ss.

MAY 15 1985

Elmo Morgenstern (employee of operator) or (operator) of above-described well, being first duly sworn on oath, says: 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.

CAREN J. McCULLOUGH
 NOTARY PUBLIC
 STATE OF KANSAS

(Signature) [Signature]

(Address) _____

My Appt. Exp. 6-29-87

SUBSCRIBED AND SWORN TO before me this 13th day of May, 1985

Caren J. McCullough
 Notary Public

My Commission expires: June 29, 1987