

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

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

API NUMBER 15,007-22,016-0000

LEASE NAME Cline

WELL NUMBER D-1

SW/SW/NW Ft. from S Section Line

Ft. from E Section Line

SEC. 25 TWP. 32S RGE. 15 (E) or (W)

COUNTY Barber

Date Well Completed

Plugging Commenced 12-11-89

Plugging Completed 12-19-89

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

LEASE OPERATOR TXO production Corp.

ADDRESS 1660 Lincoln St. Suite 1800 Denver Co. 80264

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

Character of Well Gas

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

Did you notify the KCC District Office prior to plugging this well? yes

Which KCC Office did you notify? Dodge City

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. _____

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

RECEIVED
 STATE CORPORATION COMMISSION

OIL, GAS OR WATER RECORDS

CASING RECORD

| Formation | Content | From | To | Size | Put In | Pulled out |
|-----------|---------|------|----|-------|--------|------------|
| | | | | 8 5/8 | 308 | none |
| | | | | 4 1/2 | 3708 | 2200 |
| | | | | | | |
| | | | | | | |

DEC 20 1989
 12-20-89
 CONSERVATION DIVISION
 Wichita, Kansas

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 3500 to 2100 4sx cement stop plug at 3500 then sand
BJ pumped 3- Hull 10- Jell 50 cement 10 Jell - Hull plug 100 sx cement
60-40 POZ 6% Jell

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address PO Box 187 Medicine Lodge, Ks 67104

STATE OF Kansas COUNTY OF Barber, ss.

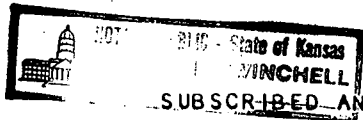
Elmo R. Morgenstern

(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) Elmo R. Morgenstern

(Address) Medicine Lodge, Ks 67104



SUBSCRIBED AND SWORN TO before me this 19th day of December, 19 89

Elmo R. Morgenstern
 Notary Public

My Commission Expires: June 21, 1991