

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

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

API NUMBER 15-007-22,041-0000

LEASE NAME EWB

WELL NUMBER 1

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

1300 Ft. from N Section Line

1980 Ft. from W Section Line

SEC. 28 TWP. 34S RGE. 14 KKXX (W)

COUNTY Barber

Date Well Completed 9/4/85

Plugging Commenced 1/10/86

Plugging Completed 1/27/86

LEASE OPERATOR TXO

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

PHONE# (316) 265-9441 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, KS

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom T.O. 4921

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
				16	40	None
				8 5/8	1086	None
				4 1/2	4919	3800

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.

Plug back 4877, sand from 4877 to 4800, 4sx cement with dump bailer, 3sx hulls, 15sx jell, 50sx cement, 10sx jell, 1sx hull, 8 5/8 plug, 100sx cement, 60-40 POZ

Elmo was not on location and does not know who was.

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

Name of Plugging Contractor Clarke Corp. License No. 5105

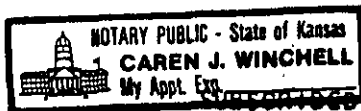
Address P.O. Box 187, Medicine Lodge, KS 67104

STATE OF Kansas COUNTY OF Barber, ss.

Elmo 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) [Signature]

(Address) Medicine Lodge, KS 67104



AND SWORN TO before me this 29 day of January, 19 86

[Signature]

My Commission Expires: June 29, 1987

RECEIVED PUBLIC  
STATE CORPORATION COMMISSION

JAN 31 1986  
1-31-86  
CONSERVATION DIVISION  
Wichita, Kansas

Form CP-  
Revised 08-8