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

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

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

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API NUMBER 15-033,20689	
LEASE NAME <u>Beeley</u>	
WELL NUMBER 1	
330 Ft. from \$Wsection Line	
330 Ft. from E Section Line	
SEC. 7 TWP. 355 RGE. 16 (E) or (N)	
COUNTY Comanche	
Date Well Completed 12-15-85	
Plugging Commenced 10-28-89	
Plugging Completed 11-6-89	
is well? Yes	
x	
5390	

LEASE OPERATOR TXO Production Corp. ADDRESS 1660 Lincoln Suite 1800 Denver Co. 80264 PHONE # (303) 861-4246 OPERATORS LICENSE NO. 5171 Character of Well Gas (OII, Gas. D&A, SWD, Input, Water Supply Well) Did you notify the KCC District Office prior to plugging th Which KCC Office did you notify? Dodge City Is ACO-1 filed? X If not, is well log attached? Producing Formation _____ Depth to Top X Bottom T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Format on Content From Size Put In Pulled out 8 5/8 none 4 1/2 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 5362 to 5210 4 sx cement dump bailor BJ pumped top = 4 Hull- 15 Jell

50 cement-10 Jell-1-Hull 8 5/8 plug 150 sx cement 60-40 poz 6 % Jell - Lacey - Elmo on location - (If additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation __License No.__5105ncn/cn STATE CORPORATION COMMISSION Address Box 187 Medicine Lodge, Ks 67104 _____county of Barber STATE OF Kansas NOV - 9 1989 (Employee of Operator) CONSCIPERDED TO Elmo R. Morgenstern above-described well, being first duly sworn on oath, says: That I have knowledgeviolita, talisatests, 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) (Address) Medicine Lodge, Ks 67104 NOTARY PLEIT OF SCRIPE AND SWORN TO before me this _ ,19 89 November day of CAREN J. WINCHELL

My Commission Expires: June 21, 194