

LEASE NAME Smith 'P' #2

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

WELL NUMBER #2

990 Ft. from S Section Line

350 Ft. from E Section Line

SEC. 5 TWP. 27S RGE. 15 ~~W~~ (W)

COUNTY Pratt

Date Well Completed 3-2-83

Plugging Commenced 3-25-86

Plugging Completed 3-25-86

LEASE OPERATOR TXO Production Corp.

ADDRESS 155 N. Market, Suite 1000, Wichita, KS. 67202

PHONE#(316 269-7600) OPERATORS' LICENSE NO. 5171

Character of Well Oil

(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? Unknown

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4604'

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
	Surface			8-5/8"	403'	
	Production			4-1/2"	114 jts.	

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.
Plugged well down 4-1/2" csg. w/ 1 sk hulls, 10 sxs 60/40 poz w/ 6% gel, 41 Bbls of 9#/gal gel, 70 sxs 60/40 poz w/ 6% gel. Max pressure 450 psig. Plugged annulus w/ 125 sxs cmt. Max. Pressure 350 psig. Plugging complete @ 11:00 a.m. on 3-25-86.

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

Name of Plugging Contractor Clarke Oilfield Services License No. 5105

Address 107 W. Fowler, Medicine Lodge, Kansas 67104

STATE OF _____ COUNTY OF _____, ss.

(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.

STATE CORPORATION COMMISSION

(Signature) Jeffrey S. Childs

(Address) 155 N. Market, Suite 1000, Wichita, KS. 67202

MAY 14 1986
 OS-14-86

SUBSCRIBED AND SWORN TO before me this 13th day of May, 19 86

CONSERVATION DIVISION
 WICHITA, KANSAS

Connie F. Koehler
 Notary Public

My Commission Expires: July 10, 1988

Connie F. Koehler
 NOTARY PUBLIC
 State of Kansas
 MY APPT. EXPIRES 7/10/88