

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-62-3-117

API NUMBER 15-189-22421-0000

LEASE NAME Williams F

WELL NUMBER 1

4154 Ft. from S Section Line

3911 Ft. from E Section Line

SEC. 30 TWP. 34 RGE. 35 (E or W)

COUNTY Stevens

Date Well Completed 8-7-02

Plugging Commenced 9-13-02

Plugging Completed 9-17-02

RECEIVED  
KANSAS CORP COM  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

2002 OCT -2 A 11:56

LEASE OPERATOR Oxy USA, Inc.

ADDRESS 1701 N. Kansas PO Box <sup>2528</sup> ~~400~~ Liberal, Ks. 67905

PHONE (620) 629-4200 OPERATORS LICENSE NO. 5447

Character of Well oil

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

The plugging proposal was approved on 9-13-02 (date)

by Richard Lacy (KCC District Agent's Name).

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

Producing Formation Lower Morrow Depth to Top 6281 Bottom 6291 T.D. 6822

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	1745	—
				4 1/2	16560	3330

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 plug were used, state the character of same and depth placed, from \_\_\_ feet to \_\_\_ feet each so  
Mixed 1 5/8 hulls to 20 5/8 cmt. to plug perfs 6281 to 6081. Recover & pull 4 1/2 to 3200. Circ hole w/mud to mixed 100 5/8 3200 to 2900 50 5/8 1780 to 1630 40 5/8 800 to 680 10 5/8 40 to 0 Cut off & capped 8 5/8 3 ft. below G.L.

Name of Plugging Contractor SARGENT AND HORTON PLUGGING, INC. License No. 31151

Address Route 1, Box 49BA Tyrone, OK 73951-9731 (580) 854-6515

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oxy USA Inc. 1701 N. Kansas PO Box <sup>2528</sup> ~~400~~ Liberal, Ks. 67905

STATE OF Kansas COUNTY OF Sewall, ss.

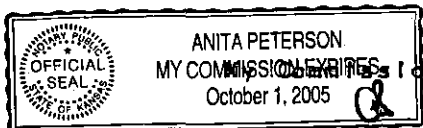
Kenny Andrews (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed th the same are true and correct, so help me God.

(Signature) Kenny Andrews

(Address) PO Box <sup>2528</sup> ~~400~~ Liberal, Ks. 67905

SUBSCRIBED AND SWORN TO before me this 30th day of Sept., 2002

Anita Peterson  
Notary Public



ANITA PETERSON  
MY COMMISSION EXPIRES  
October 1, 2005

Expires: Oct. 1, 2005