

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

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

15-175-21537-0001

RECEIVED
STATE CORPORATION COMMISSION

APR - 7 1999

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

API NUMBER _____
LEASE NAME Jarrett GU
3 HI
WELL NUMBER _____
990 Ft. from S Section Line
2310 Ft. from E Section Line
SEC. 4 TWP. 32S RGE. 33 (E) or (W)

CONSERVATION DIVISION
Kansas
LEASE OPERATOR Amoco Production Company

ADDRESS P. O. Box 3092 Houston, TX 77252-3092

PHONE# (281) 366-7816 OPERATORS LICENSE NO. 5952

Character of Well Gas

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

COUNTY Seward

Date Well Completed 5/97

Plugging Commenced 2/22/99

Plugging Completed 2/22/99

The plugging proposal was approved on January 7, 1999 (date)

by Steve Durant (verbal) (KCC District Agent's Name).

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

Producing Formation Chase Depth to Top 2632 Bottom 2760 T.D. 5799

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"	1726'	0
	Production			4 1/2"	5799'	0

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 section.
Pump 166 sacks of 65/35 class c cmt. Pump 5 sacks of hulls in lead slurry. Lease csg standing full of cmt from 10' to 2760. Check backside; could not pump into backside. Cut off and cap casing 5' below ground. Job witnessed by S. Durant with the KCC.

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

Name of Plugging Contractor Halliburton Energy Services License No. 5287

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company

STATE OF Texas COUNTY OF Harris, ss.

Lou Barry

(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.

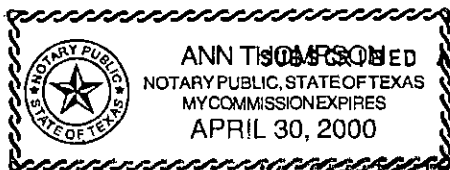
(Signature) Ann Thompson

(Address) P.O. Box 3092 Houston TX 77253

ANN THOMPSON
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
APRIL 30, 2000

AND SWORN TO before me this 31st day of March, 19 99

Ann Thompson
Notary Public



My Commission Expires: _____