

API NUMBER 189-20867-0000

LEASE NAME Holt "A"

WELL NUMBER 1

1980 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 12 TWP. 32 RGE. 35 (W)

COUNTY Stevens

Date Well Completed 2-86

Plugging Commenced 11-27-89

Plugging Completed 11-29-89

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

LEASE OPERATOR ARCO Oil and Gas Company

ADDRESS P.O. Box 574 Ulysses, KS 67880

PHONE# (316) 356-5546 OPERATORS LICENSE NO. 5398

Character of Well D + A

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

The plugging proposal was approved on 11-22-89 (date)

by Steve DUEANT (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

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 |
|-----------|---------|------|----|------|--------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

STATE RECEIVED
 CONSERVATION COMMISSION
 U-6 12 1989
 CONSERVATION DIVISION
 WICHITA, KANSAS

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.
(1) Set CIBP @ 4200' Dump 4 SX cement plug 4150'-4200' (2) Fill hole w/95 bbl of mud. (3) Shot 4 squeeze holes in 5 1/2" CSG @ 750' (4) RAN plug to 1756' Spot 20 SX cement plug @ 1599'-1756' (5) CIRCULATE cement down 5 1/2 and out ANNULAS between 5 1/2 + 8 5/8 CSG. to surface Top Plug - SURFACE to 750'

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

Name of Plugging Contractor Dowell Schlumberger, INC License No. 116095

Address P.O. Box 887 Ulysses, KS 76880

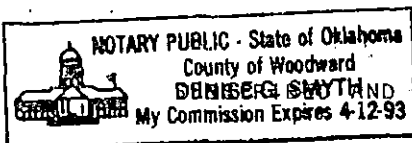
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ARCO Oil and Gas Company

STATE OF Oklahoma COUNTY OF Woodward, 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.

(Signature) Don E. Claway

(Address) P.O. Box 574 Ulysses, KS 67880



SWORN TO before me this 11th day of December, 19 89

Denise G. Smyth
 Notary Public

My Commission Expires: 4-12-93