STATE CORPORATION COMMI		WELL PLUGGING RECOR K.A.R82-3-117		API NUM	API NUMBER 15-189-20918-00-00 LEASE NAME TJ ISOM		
200 Colorado Derby Building Wichita, Kansas 67202				LEASE N			
~-CE	EIVED	TYPE OR	PRINT	Wejj nii	MBER 3		
- and NOTICE: Fill out completely				¥ 3300	3300		
OCT 15 2002 and return to Cons. Div. office within 30 days.				3300	3300		
KCC WICHITA					Ft. from E Section, Line		
LEASE OPERATOR Westport Oil & Gas Company LP				SEC. <u>35</u>	SEC. 35 TWP. 32 RGE. 35 (E) OF (W)		
ADDRESS 8908 S. Yale, Suite 340, Tulsa, OK 74137					COUNTY Stevens		
PHONE# (918) 481-6020 OPERATORS LICENSE NO. 33002					Date Well Completed		
Character of Well <u>oil</u>				Pluggin	Plugging Commenced 9-27-02		
(OII, Gas, D&A, SWD, Input, Water Supply Well)					Plugging Completed 10-02-02		
The plugging proposal w	as approved o	n9.	-27-02			(date)	
byDavid P. William	s Jim 9	Jollan		(KC	C District Ag	ent's Name).	
Is ACO-1 filed? Yes	If not,	is well lo	g attached?		, , , , , , , , , , , , , , , , , , ,	:	
Producing Formation C						6401	
Show depth and thicknes			•			•	
OIL, GAS OR WATER RECO	RDS			CASING RECOF	RD	· · · · · · · · · · · · · · · · · · ·	
Formation Cont	ent	From To	Size	Put In	Pulled out		
Chester Oil,	, Gas, Water	6123 61	.43 8 5/8	1770			
			5 1/2	.	2012		
		·		6140	6140	 	
Describe in detail.the placed and the method were used, state the Pull rods, Circulate has been pump cement plugs as i weld steel ID plate 4	or methods us character of nole w.mud, Pu follows: 60sx	ed In Intro same and all tubing,	oducing it depth plac Set CIBP @	into the holded, from_ 6075' w/2sx	le. If cement feet to cement Cut	or other plugs feet each set. casing 020121	
(If addition	al descriptio	n is necess	sary, use B/	CK of this	form.)		
Name of Plugging Contra	ctor Jerry I	unkin Well	Services,	Inc. 1	_icense No{	3733	
Address PO Box 389 E	Enid, OK 7370	02					
NAME OF PARTY RESPONSIB	LE FOR PLUGGI	NG FEES:	Westpor	t Oil & Gas	Company LP		
STATE OF Oklahoma	co	UNTY OF	Tulsa	· · · · · · · · · · · · · · · · · · ·	,ss.		
Terry Fro	napfel			Employee of	f Operator) o	r (Operator) of	
above-described well, be statements, and matter the same are true and co	rs. herein con	tained and	oath, says	the above-d	ive knowledge	of the facts,	
ا من المنظم الله الله الله الله الله الله الله الل	***	-	(Address).	8908 s.	Yale, Ste 340	, O, Tulsa, OK	
0.0000	BED AND SWOR	Mu TO balans		Oth day	Oot	2002	
5085CR	i-pen vin "Žikok)	w to before			216.21	Jan 100	
4			Cathey Bla	Nota Nota	ry Remais	CKUULLY.	
My Com	mission Expir		-05 008507		PUBLIC F	Form CP-4 Revised 05-88	
					COUNTY COUNTY	ïO.	

OR