STAT	ÉÒF	KANS	AS		
					SSION
			Derby		ding
Wich	īta,	Kans	as 6	7202	

LEASE OPERATOR Westport Oil & Gas Company L.P.

ADDRESS P.O. BOX 864 /JOHNSON CITY, KANSAS 67855

PHONE# (316) 492-1435 OPERATORS LICENSE NO. 8733

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

API NUMBER 15-189-20898-00-00

LEASE	NAME	T.J.	Isom

REC	EI	EL
-----	----	----

SEP 1 0 2002

Westport Oil & Gas

Southern Division

Character of Well Oil

by ____Steve Durrant

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

WELL PLUGGING RECORD

K.A.R.-82-3-117

WELL	NUMBER	
_		

990_ _ Ft. from S Section Line Ft. from E Section Line

SEC. 35 TWP.32 SRGE. 35 (E) or (W)

COUNTY Stevens Date Well Completed _____

Plugging Commenced 9/3/02

Plugging Completed 9/5/02

The plugging proposal was approved on DODGE CITY, KANSAS (8-27-02)

______ (KCC District Agent's Name).

Is ACO-1 filed? YES _____ if not, is well log attached?______ Producing Formation CHESTER Depth to Top 6121 Bottom 6144 T.D. 6415

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WAT		CASING RECORD							
Formation.	Content	From	То	SIZe	Put In	Pulled out			
Chester	Oil & Gas	6121	6144	R 5/8	1782	-0-			
			<u> </u>	5 1/2 2 7/8	6415	<u>-2023-</u> 5960	-		
	<u> </u>		<u> </u>	J					

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. Cut off tubing @5960' circulated hole with 120 bbl mud. Set CIBP @5950' with 2 sx. cement on top Cut casing off @2023' pump 50 sx. cement from 1810 to 1650. Pump 40 sx. cement 550 to 450'. Pump 10 sx. cement from 40 to surface. Cut off & weld steel I.D. plate 4' B.G.L.

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

Name of	Plugging	Contractor_	Jerry	Dunkin	Well	Servic	es,	Inc.	License	No	8733	
Address_	· · · · · · · · · · · · · · · · · · ·			P O Box	389,	Enid,	OK	73702				

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:

STATE OF ______, ss.

(Employes 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) July Deleg for

RECEIVED SEP 12 2002 9-12-02

(Address)

8908 S Yale, Ste 340, Tulsa, OK

SUBSCRIBED AND SWORN TO before me this __11th__ day of__ Sept__

2002 2002

KCC WICHITA

My Commission Expires: My Commission Expires May 21, 2005 Notary Public

#01008557

Revised 05-88

NOX