

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

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

263-8809

API NUMBER 15-095-21004-0000

LEASE NAME Dephenbush

WELL NUMBER 1

5/2 NE 1/4 Ft. from S Section Line

Ft. from E Section Line

SEC. 31 TWP. 29 RGE. 10 (E) or (W)

COUNTY Kingman

Date Well Completed 12-20-83

Plugging Commenced 10-27-88

Plugging Completed 10-31-88

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

LEASE OPERATOR TXO Production

ADDRESS 1660 Lincoln Street Suite 1800 Denver Co. 80264

PHONE# (303) 861-4246 OPERATORS LICENSE NO. 5171

Character of Well Gas

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

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? Wichita

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 2720

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	266	0
				2 7/8	2719	1575

RECEIVED
 STATE CORPORATION COMMISSION
 11-1-88
 NOV 1 1988
 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.

Pump in 1 sacks Hull 10 sacks comp. cement Plug stop precase 1 up 2000 lbs.

1 stop 27 1600 - Pump 4 sacks Hull - 35 5 sacks cement 10 Gell- 15x HULLS

Plug-600 sacks cement 2% Gell Less than 2% CC. 60-80 POZ

Van Cessner and Elmo Morgenstern on location

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

RECEIVED
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 Wichita, Kansas

Name of Plugging Contractor Clarke Corp. License No. NO51500 1988

Address Box 181 Medicine Lodge, Ks. 67104

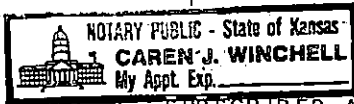
STATE OF Ks. COUNTY OF Barber, ss.

CONSERVATION DIVISION
 Wichita, Kansas

(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) [Signature]

(Address) _____



SUBSCRIBED AND SWORN TO before me this 9th day of November, 19 88

[Signature]
 Notary Public

My Commission Expires: June 21, 1991