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

Producing Formation

LEASE OPERATOR TXO Production, Inc.

ADDRESS 1660 Lincoln St. Suite 1800 Denver, Colorado

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

AELL	PLU	GG I	NG	REC	ORD
K	.A.R	8	2-3	5-11	7

,
w.F
API NUMBER 15-095-21420-0000
LEASE NAME RAIDA
WELL NUMBER
C/NW 4 Ft. from S Section Line
Ft. from E Section Line
SEC. 30 TWP. 285 RGE. 6 (E/)or(W)
COUNTY Kingman
Date Well Completed 7-16-87
Plugging Commenced 1-11-89
Plugging Completed 1-20-89
well? Yes

Bottom T.D. 2150
S•

PHONE#(303) 861-4246 OPERATORS LICENSE NO. Character of Well <u>Gas</u> (Oll, Gas, D&A, SWD, Input, Water Supply Well) Did you notify the KCC District Office prior to plugging thi Which KCC Office did you notify? Wichita Is-ACO-1 filed? _____ If not, is well log attached?

Producing Formation	Depth to	Depth to Top		tomT.	т.в. 2150		
Show depth and thickness of all	water, oil and g	jas formati	ions.				
OIL, GAS OR WATER RECORDS	s 6-2 -89 ci			ASING RECORD			
Formation RECIPED COMPORATION STATE CORPORATION OF THE CORPORATION COMPONENTS OF THE CORPORATION	From To	Size	Put In	Pulled out			
STATE CORPORATION -2 1989		8 5/8	269	200 sacks	none		
MOISING WOITION ON THE CO.		_\ <u>_4_1/2_</u>	_ <u>2135</u>	1300			
Describe in detail the karanter is laced and the method or method ere used, state the charact Pump 25 sacks company	n which the well ds used in Introd er of same and o mm. cement 1-sack	was plugge ucing it liepth glas Hull 2% C	od, Indica Into the h	ting where th ole. If cemen 360 ^{f.ee} Top ⁰ 25	e mud fluid was t or other plugs sa්ලීසීම් එුදුර පෙර.		
	sacks cement 60-2						
	ek Luthre and Elmo						
(If additional descr	iption is necessa	ry, use BA	CK of thi	s form.)			
ame of Plugging Contractor Cl	arke Corporation			_License No	5105		
ddress Box 187 Medicine	Lodge, Ks. 67104						
TATE OF KS.	COUNTY OF Bar	rber		,55.			
		(Ea	nplavee of	Operator) or	r (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.

MOTARY PLBLIC - State of Kansas CAREN J. WINGHALL My Appt. E.p.

(Signature) (Address)

Box 187 Medicine Lodge, Ks. 67104

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SUBSCRIBED AND SWORN_TO before me this

day of January

My Commission Expires: June 21, 1991