

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

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

API NUMBER 15-097,20926-0000

LEASE NAME Unruh Gray

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

WELL NUMBER 1

330 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 18 TWP. 29S RGE. 18 (E) or (W)

COUNTY Kiowa

Date Well Completed 5-11-87

Plugging Commenced 11-1-89

Plugging Completed 11-8-89

LEASE OPERATOR TXO Production Corp.

ADDRESS 1660 Lincoln St. 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? Dodge City

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 5152

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 | 410 | none |
| | | | | 4 1/2 | 5123 | |
| | | | | | | |
| | | | | | | |

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.
plug back at 4440 snad to 4370 4 sx cement dump bailor
3 sx HULL 10 JELL 50 cement 7 Hull 1-Hull plug 125 sx cement 60-40 poz 6% Jell
EJ pump

Pfeiffer and Elmo on location

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

Name of Plugging Contractor Clarke Corporation

License No. 5105
 RECEIVED
 STATE CORPORATION COMMISSION

Address Box 187 Medicine Lodge, Ks 67104

STATE OF Kansas COUNTY OF Barber, ss.

NOV - 9 1989
 11-9-89

Elmo R. Morgenstern

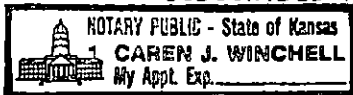
(Employee of Operations Division)

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) Elmo R. Morgenstern

(Address) Medicine Lodge, Ks 67104

SUBSCRIBED AND SWORN TO before me this 8th day of November, 19 89



My Commission Expires: June 21, 1993

Caren J. Winchell
 Notary Public