

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

K.A.R.-02-3-117

API NUMBER Spud 7/75

15-097-20299-0000

LEASE NAME Rudd

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

WELL NUMBER 1-6

 Ft. from S Section Line

 Ft. from E Section Line

LEASE OPERATOR Halliburton Oil Producing Company

SEC. 6 TWP. 29S RGE. 20W (E) or (W)

ADDRESS 525 Central Park Dr., Central Park 1 #210 Oklahoma City COUNTY Kiowa

PHONE# (405) 525-3371 OPERATORS LICENSE NO. 5988 OK 73105

Date Well Completed

Character of Well Oil

Plugging Commenced 3-12-97

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

Plugging Completed 3-17-97

The plugging proposal was approved on (date)

by (KCC District Agent's Name).

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

Producing Formation Depth to Top Bottom T.D. 5197'

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	530'	none
				4 1/2	5197'	2615'

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 plugging materials were used, state the character of same and depth placed, from feet to feet each side. Plugged off bottom with sand to 4943', ran 4 sks cement. Shot csq at 3514', 3233', 3022', 2817', and 2615'. Pipe came loose at 2615'. Pulled to 1361', loaded hole w/10 sks gel. Pumped 50 sks cement at 1361'. Pulled to 560', pumped 50 sks cement. Pulled rest of pipe, topped off with 20 sks cement. Plugging complete, 60/40 poz 6% gel.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Halliburton Oil Producing Company

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso

(Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God.

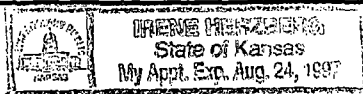
(Signature) Mike Kelso

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 25th day of March, 19 97

Deane Stenberg
Notary Public

My Commission Expires:



Form CP
Revised 05-