

TIGHT

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

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

API NUMBER 15-187-20856-0000

LEASE NAME Brianna Kylie

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

WELL NUMBER 1-34

1980 Ft. from N Section Line

1980 Ft. from W Section Line

LEASE OPERATOR Amoco Production Company

SEC. 34 TWP. 29S RGE. 40 (E) or (W)

ADDRESS PO Box 800 Room 924 Denver, CO 80201

COUNTY Stanton

PHONE# (303) 830-5323 OPERATORS LICENSE NO. 5952

Date Well Completed 10/3/96

Character of Well D&A

Plugging Commenced 10/3/96

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

Plugging Completed 10/3/96

The plugging proposal was approved on October 3, 1996 (date)

by Steve Pfifer (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? ACO-1 is being filed at same time as this report.

Producing Formation N/A-Dry Depth to Top _____ Bottom T.D. 5750'

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
	Surface			8.625"	1723'	0

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.

Well was plugged using 160/40 POZ with 6% gel as follows: Plug No. 1 at 2900' w/100 sx cement; Plug No. 2 at 1750' w/50 sx cement; Plug No. 3 at 600' w/50 sx cement; Plug No. 4 at 40' w/10 sx cement; Rathole w/15 sx cement; Mousehole w/10 sx cement.

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

Name of Plugging Contractor Halliburton License No. KANSAS CORPORATION COMMISSION

RECEIVED

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company OCT 28 1996

STATE OF Colorado COUNTY OF Denver, ss.

CONSERVATION DIVISION
WICHITA, KS

Susan R. Potts (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) Susan R. Potts

(Address) PO Box 800 Room 924 Denver, CO 80201

SUBSCRIBED AND SWORN TO before me this 25th day of October, 19 96

My Commission Expires January 4, 1997
Notary Public [Signature]
BROADWAY
DENVER, CO 80201