

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

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

#1

API NUMBER 15-097-20422-0000

LEASE NAME Frankauer

WELL NUMBER A-1

1980 Ft. from N Section Line

1980 Ft. from W Section Line

SEC. 23 TWP. 27S RGE. 16 (E) or (W)

COUNTY Kiowa

Date Well Completed 6-11-82

Plugging Commenced 11-1-88

Plugging Completed 11-9-88

RECEIVED
STATE CORPORATION COMMISSION

NOV 14 1988

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

CONSERVATION DIVISION
Wichita, Kansas
Conservation

LEASE OPERATOR TX 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? Dodge City, Ks.

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4698

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	336	0
				42	4696	2550

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.
Sand from 4678 4575- 45 sacks cement with dump bailer to BJ Pump 3- Jul- 10 Gel 50 cement :
10 Gel- 15 sacks Jul Plug - 100 5 sacks cement 60--40 POZ 22 Gel 2% CC

Steve Piffie on location

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

Name of Plugging Contractor Clarke Corporation License No. 5150

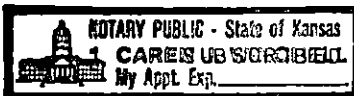
Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Kansas COUNTY OF Barber, ss.

(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) Shirley Margaster

(Address) _____



AND SWORN TO before me this 11th day of November, 19 88

Careen U. Winchell
Notary Public

My Commission Expires: June 21, 1991