

API NUMBER 15-057-20200-0000

LEASE NAME Wenoke

WELL NUMBER 1

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

SW SW NW Ft. from S Section Line  
 \_\_\_\_\_ Ft. from E Section Line

LEASE OPERATOR TXO Production Corporation

SEC. 25 TWP. 27S RGE. 24 (E) or (W)

ADDRESS 1660 Lincoln Suite 1800 Denver, Colorado 80264

COUNTY Ford

PHONE# (303) 861-4246 OPERATORS LICENSE NO. \_\_\_\_\_

Date Well Completed 7-8-81

Character of Well Gas

Plugging Commenced 1-19-89

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

Plugging Completed 1-30-90

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? X If not, is well log attached? X

Producing Formation x Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 5200

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	580 sacks
				4 1/2	5180	2643

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.

Pump 25 sacks cement plug 57 op. 4250 - 4 sk hulls - 10 sk gel, 50 sk cement, 10 sk gel, 1 sk hull, 1 plug, 100 sk cement, 60-40 PZ, 2% CC, 2% gel.

Steve Durant + Elma Morgenstern on location

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

Name of Plugging Contractor Clarke Corporation License No. 5105

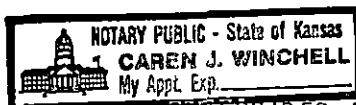
Address Box 187 Medicine Lodge, Ks. 67104

STATE OF Ks. 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) [Signature] Wichita, Kansas

(Address) Box 187, Medicine Lodge, Ks. 67104



SUBSCRIBED AND SWORN TO before me this 3 day of February, 19 89

My Commission Expires: June 21, 1991

[Signature]  
 Notary Public

RECEIVED  
 STATE CORPORATION COMMISSION  
 FEB 9 1989  
 CONSERVATION DIVISION  
 WICHITA, KANSAS