

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

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

API NUMBER 15-081-20118-0600

LEASE NAME Green C

WELL NUMBER 2

2740 Ft. from S Section Line

2940 Ft. from E Section Line

SEC. 30 TWP. 28 SRGE. 34 (E or W)

COUNTY Haskell

Date Well Completed 3-20-1979

Plugging Commenced 7-3-1989

Plugging Completed 7-5-1989

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

LEASE OPERATOR OXY USA Inc.

ADDRESS P. O. Box 26100, Oklahoma City, OK 73126-0100

PHONE#(405) 749-2471 OPERATORS LICENSE NO. 5447

Character of Well gas

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

The plugging proposal was approved on June 12, 1989 (date)

by Mr. Glen Barlow of District #1 (KCC District Agent's Name).

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

Producing Formation Council Grove Depth to Top 2914 Bottom 2986 T.O. 3120

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
Council Grove	Gas	2914	2986	8-5/8"	751'	0
				4-1/2"	3119'	1250'

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.

Tagged fill on RBP at 2020'. Dumped 2 sx cmt. at 2020'. Shot off csg. at 1257'. Pulled csg. to 1200'. Spotted 30 sx CI H cmt. from 1200' to 1100'. Pulled csg. to 1200'. Spotted 30 sx CI H cmt. plug from 780' to 680'. Spotted 10 sx CI H cmt. plug from 40' to 4'. Cut off csg. & capped csg. State Witness: Mr. Glen Barlow
(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Sargent's Casing Pulling Service License No. 6547

Address Box 506, Liberal, KS 67901

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OXY USA Inc.

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Bryan Humphries (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) Bryan Humphries

(Address) P. O. Box 26100, OKC, OK 73126-0100

SUBSCRIBED AND SWORN TO before me this 1st day of August, 1989

RECEIVED
STATE COPY
AUG - 3 1989
8-3-89

Marsha B. Wilson

Notary Public

My Commission Expires 4-1-92