

TATE OF KANSAS  
 TATE CORPORATION COMMISSION  
 30 S. Market, Room 2070  
 Wichita, KS 67202

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

API NUMBER 15-097-20,586-0000

LEASE NAME Rich

WELL NUMBER #1

       Ft. from S Section Line

       Ft. from E Section Line

SEC. 11 TWP. 27 RGE. 18 (E) or (W)

COUNTY Kiowa

Date Well Completed       

Plugging Commenced 11-17-00

Plugging Completed 11-21-00

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

LEASE OPERATOR T.T. PRODUCTION, INC.

ADDRESS Rt. 1 Box 91 Haviland, Kansas 67059

PHONE# (316) 723-2944 OPERATORS LICENSE NO. 31929

Character of Well Oil

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

The plugging proposal was approved on        (date)

by Scott Alberg (KCC District Agent's Name).

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

Producing Formation        Depth to Top        Bottom        T.D. 4720'

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"	412'	None
				4-1/2"	4719'	2530'

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 plug were used, state the character of same and depth placed, from        feet to        feet each side. Plugged off bottom with sand to 4100' and 4 sks. cement. Shot pipe @3000' & 2530', pulled up to 1143', pumped 5 sks. gel, 50 sks. cement and 5 sks. gel, pulled up to 450', pumped 50 sks. cement, pulled casing out, ran 1 ft. back in and circulated 10 sks. cement to surface. Used 60/40 pos 6% gel. Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 0015282

Address P.O. Box 467 Chase, Kansas 67524 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: T.T. Production, Inc. DEC 4 2000

STATE OF Kansas COUNTY OF Rice, ss. 12-4-00

Mike Kelso (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, 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 30th day of November, 2000

Irene Herzberg  
 Notary Public

My Commission Expires:       



Form CP  
 Revised 05-