

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

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

API NUMBER 15-151-21,366-00-00

LEASE NAME Norris

WELL NUMBER #1

2310 Ft. from S Section Line

2310 Ft. from E Section Line

SEC. 11 TWP. 29S RGE. 14 ~~W~~ or (W)

COUNTY Pratt

Date Well Completed 3-22-84

Plugging Commenced 3-25-86

Plugging Completed 3-29-86

LEASE OPERATOR TXO Production Corp.

ADDRESS 155 N. Market, Suite 1000, Wichita, KS. 67202

PHONE#(316) 269-7600 OPERATORS' LICENSE NO. 5171

Character of Well Gas

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? YES

Which KCC/KDHE Joint Office did you notify? Unknown

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4710'

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			8-5/8"	429'	
	Production			4-1/2"	117 jts	2236'

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.

3 sxs hulls; 10 sxs gel; 50 sxs 60/40 poz; 10 sxs gel; 1 sk hulls, 8-5/8" plug & 125 sxs 60/40 poz, MP=800 psig. Plugging complete @ 9:45 a.m. on 3-29-86.

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

Name of Plugging Contractor Clarke Oilfield Services License No. 5105

Address 107 W. Fowler, Medicine Lodge, KS. 67104

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, 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 hereinafter contained and the log of the above-described well as filed that the same are true and correct before me, I, the undersigned, do hereby certify.

(Signature) Jeffrey S. Childs

(Address) 155 N. Market, Suite 1000, Wichita, KS. 67202

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of May, 19 86

Connie F. Koehler  
Notary Public

My Commission Expires: July 10, 1988

Connie F. Koehler  
NOTARY PUBLIC  
State of Kansas  
MY APPT. EXPIRES 7/10/88

RECEIVED  
MAY 14 1986  
5-14-86  
CONSERVATION DIVISION  
WICHITA, KANSAS