

WELL PLUGGING APPLICATION FORM
FILE ONE COPY

API NUMBER _____ October 11, 1985 _____ (OF THIS WELL)
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER TXO Production Corp.

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

LEASE (FARM NAME) Bryant WELL NO. C-8

WELL LOCATION SW NW SE SEC. 8 TWP. 29S RGE. 15 ~~SEVEN~~ (WEST)

COUNTY Pratt TOTAL DEPTH _____ FIELD NAME _____

OIL WELL _____ GAS WELL _____ INPUT WELL _____ SHD WELL _____ D&A _____ Dry Hole

WELL LOG ATTACHED WITH THIS APPLICATION AS REQUIRED? log is attached
(IF NOT STATE REASON WHY)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 10:00 a.m. October 11, 1985

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Paul Luthie ADDRESS Dodge City, Kansas

PLUGGING CONTRACTOR B.J. Titan LICENSE NO. _____
ADDRESS Medicine Lodge, Kansas

INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOULD BE SENT TO:
NAME TXO Production Corp.
ADDRESS same as above 10-10-85

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED: [Signature] APPLICANT
DATE: October 17, 1985
RECEIVED
STATE CORPORATION COMMISSION
OCT 18 1985
CONSERVATION DIVISION
Wichita, Kansas