

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

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

API NUMBER 15-095-21514-^{WTF} 000

LEASE NAME Raida

WELL NUMBER 2

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

C/SW-4 Ft. from S Section Line

_____ Ft. from E Section Line

SEC. 19 TWP. 285 RGE. 6 (E) or (W)

COUNTY Kingman

LEASE OPERATOR TXO Production, Inc.

ADDRESS 1660 Lincoln St. Suite 1800 Denver, Colorado

PHONE #(303) 861-4246 OPERATORS LICENSE NO. 5171

Date Well Completed 2-22-88

Character of Well Gas

Plugging Commenced 1-10-89

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

Plugging Completed 1-20-89

Did you notify the KCC District Office prior to plugging this well? Yes

Which KCC Office did you notify? Wichita

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

Producing Formation Index Care Depth to Top _____ Bottom 2180 T.D. _____

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	248	200 sacks none
				4 1/2	2168	1300

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 24 sacks comm cement 15 sacks Hull - stop plug 1537. Reopened drilled 4 sacks load or dump-top-25 sacks Hulls - 10 sacks gel- 110 sacks cement. 60-40 POZ - 2% KC 2% gel.

DJ Pump Jack Luthre and Erno Morgenstern on location

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

Name of Plugging Contractor Clarke Corporation License No. 5106

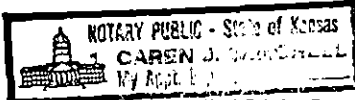
Address Box 187 Medicine Lodge, Ks. 67104

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) Erno Morgenstern

(Address) Box 187 Medicine Lodge, Ks. 67104



SUBSCRIBED AND SWORN TO before me this 25 day of January, 19 89

Caren J. [Name]
Notary Public

My Commission Expires: June 21, 1991