

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

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

API NUMBER 15-155-20669-660

LEASE NAME Tonn

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

WELL NUMBER A-2

660 Ft. from S Section Line

660 Ft. from E Section Line

LEASE OPERATOR Oxy, USA

SEC. 11 TWP. 23S RGE. 10 (55x) (W)

ADDRESS 400 S. Main, Pratt, KS 67124

COUNTY Reno

PHONE# (316) 672-5630 OPERATORS LICENSE NO. 5447

Date Well Completed _____

Character of Well Good

Plugging Commenced 10/17/97

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

Plugging Completed 10/21/97

The plugging proposal was approved on 10/17/97 (date)

by Jack Luthie (KCC District Agent's Name).

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

Producing Formation Viola Depth to Top 3670 Bottom 3751 T.D. 3756

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	280	None
				5 1/2	3670	1600

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 section. Sand well back to 3620, dump 5sx portland cement with dump bailor, stretch and cut pipe at 1600 lay down casing, run 2 3/8 tubing to 1409, load hole, spot 35sx at 1409, pull tubing to 854, and spot 35sx, pull tubing to 332 and circulate to surface to 140, 4% gel, lay down tubing

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

11-4-97

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oxy, USA

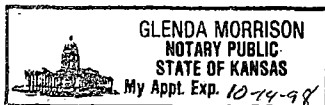
STATE OF Kansas COUNTY OF Barber

STATE CORPORATION COMMISSION
RECEIVED
NOV 4 1997
Wichita, Kansas

Alan Vratil (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 that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 1 day of November, 1997

[Signature]
Notary Public

My Commission Expires: 10/14/98