

TIGHT

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

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

API NUMBER 15-075-20165-0001

LEASE NAME B. Masterson

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

WELL NUMBER 1-9

1285 Ft. from S Section Line

1503 Ft. from W Section Line

SEC. 9 TWP. 24S RGE. 39 (E) or (W)

COUNTY Hamilton

LEASE OPERATOR Amoco Production Company

ADDRESS PO Box 800 Room 924 Denver, CO 80201

PHONE# (303) 830-5323 OPERATORS LICENSE NO. 5952

Date Well Completed 7/17/96

Character of Well D&A

Plugging Commenced 7/16/96

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

Plugging Completed 7/17/96

The plugging proposal was approved on July 16, 1996 (date)

by Kevin Stroup (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? ACO-1 is being filed at same time as this report

Producing Formation N/A-Dry Depth to Top _____ Bottom T.D. 5450'

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
	<u>Surface</u>			<u>8 5/8"</u>	<u>367'</u>	<u>0</u>

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.

Well was plugged using 60/40 POZ premium cement with 6% gel as follows: Plug No. 1 at 3100' w/100 sx; Plug No. 2 at 1970' w/50 sx; Plug No. 3 at 800' w/50 sx; Plug No. 4 at 390' w/50 sx; Plug No. 5 at 40' w/10 sx; Rathole w/15 sx; Mousehole w/10 sx.

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

Name of Plugging Contractor Halliburton License No. _____

Address _____ RECEIVED STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company AUG 1 1996

STATE OF Colorado COUNTY OF Denver, ss.

Susan R. Potts (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) Susan R. Potts

(Address) PO Box 800 Room 924 Denver, CO 80201

SUBSCRIBED AND SWORN TO before me this 12th day of August, 1996

Susan Callahan
Notary Public

My Commission Expires: 8/2/98