

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

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

15.195.00012.0000
API NUMBER 8/31/52

LEASE NAME Pundsack

WELL NUMBER 406

990 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 29 TWP 21s RGE. 13 ~~W~~ (W)

COUNTY Stafford

Date Well Completed 8/31/52

Plugging Commenced 5/22/96

Plugging Completed 6/7/96

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

LEASE OPERATOR Oxy U.S.A.

ADDRESS 400 S. Main, Pratt, KS 67124

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

Character of Well Good

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

The plugging proposal was approved on 5/22/96 (date)

by Steve Pieffer (KCC District Agent's Name).

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

Producing Formation ARB & LKC Depth to Top 3398 Bottom 3714 T.D. 3714

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
				10 3/4	358	None
				7	3712	1897

Describe in detail the manner in which the well was plugged, indicating where the mud fluid w placed and the method or methods used in introducing it into the hole. If cement or other plu were used, state the character of same and depth placed, from feet to feet each se Run 2 3/8 tubing to 3710, circulate oil out of hole, spot 100sx common cement at 3710, lay down tubing, tagged plug at 3450, dump sand and sand well back to 3335, dump 7sx portland cement with dump bailer, stretch and outpipe at 1897, lay down casing, Allied pump 400 hulls, 10sx jel, 60sx cement, 12sx jel 10 3/4
(If additional description is necessary, use BACK of this form.)

wiper plug, 150sx cement 60/40 6% jel.
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, U.S.A.

STATE OF Kansas COUNTY OF Barber, ss.

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 th the same are true and correct, so he certifies under penalty of perjury.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



JUN 13 1996

SUBSCRIBED AND SWORN TO before me this 10 day of June, 1996

CONSERVATION DIVISION
WICHITA, KS

[Signature]
Notary Public

My Commission Expires: 10/14/98