

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

WELL PLUGGING RECORD
K.A.R.-82-3-113

15.185.01772.0000

API NUMBER 15-185-95077

LEASE NAME Pundsack

WELL NUMBER 405

990 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 29 TWP. 21s RGE. 13 ~~X0000~~ (W)

COUNTY Stafford

Date Well Completed 9/14/52

Plugging Commenced 5/31/96

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 Casing leak

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

The plugging proposal was approved on 5/31/96 (date)

by Gary Winter (KCC District Agent's Name).

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

Producing Formation Viola Depth to Top 3610 Bottom 3624 T.D. 3660

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	366	None
				7	3705	544

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. Check TD with dump bailer, TD at 550, set jacks, casing is parted at 544, lay down casing, try to run tubing, stripped at 40', circulated and drill tubing to 5900, Allied pump 150sx, 60/40 6%, lost circulation, run tubing tag cement at 530, spot 125sx 60/40 6% with 3% cc, let set 4 hours tag cement at 280, circulate cement to surface 60/40 6% jet.

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

Name of Plugging Contractor Clarke Corporation License No. 5105

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

RECEIVED

KANSAS CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oxy U.S.A.

STATE OF Kansas COUNTY OF Barber JUN 13 1996

Alan Vratil (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That ICCNB STATE OF KANSAS 880 FT 168 statements, and matters herein contained and the log of the above-described well as filed with the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



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

Glenda Morrison
Notary Public

My Commission Expires: 10/14/98