

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

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

API NUMBER 15-093-21455-0000

LEASE NAME Wyatt E.

WELL NUMBER 1-19

600 Ft. from S Section Line
2980

Ft. from E Section Line

SEC. 19 TWP. 21S RGE. 38 (E) or (W)

COUNTY Kearny

Date Well Completed 6-22-95

Plugging Commenced 6-22-95

Plugging Completed 6-22-95

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

LEASE OPERATOR Amoco Production Company

ADDRESS PO Box 800 Room 924 Denver, CO 80201

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

Character of Well D&A

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

The plugging proposal was approved on June 21, 1995 (date)

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

Is ACO-1 filed? No If not, Is well log attached? Sending with ACO-1 at same time as sending this record.

Producing Formation D&A Depth to Top _____ Bottom _____ T.D. 5900'

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
	Surface			8 5/8"	1092'	

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. The well was plugged using 40/60 POZ/H with 6% Gel as follows: Plug No. 1-3400' w 100sx cement; Plug No. 2-2052' w 50 sx cement; Plug No. 3-1122' w 50sx cement; Plug No. 4-560' w 50 sx cement; Plug No. 5-40' w 10sx cement; Rathole w 15sx cement; Mousehole w 10sx cement. Cut off casing and capped well.

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

Name of Plugging Contractor Halliburton License No. **RECEIVED**
KANSAS CORPORATION COMMISSION

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Amoco Production Company JUL 24 1995

STATE OF Colorado COUNTY OF Denver, ss.

CONSERVATION DIVISION
WICHITA, KS

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 18th day of July, 19 95

[Signature]
Notary Public

My Commission Expires January 4, 1997

1070 BROADWAY
DENVER, CO 80231
Form CP-4
Revised 05-88