

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

15-097-30023-00-00
API NUMBER Spud 5/29/1965

LEASE NAME Runnymede

WELL NUMBER A-1

1320 Ft. from N / S Section Line

1320 Ft. from E / W Section Line

RECEIVED

SEP 04 2002

9-4-02
KCC WICHITA

NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE OPERATOR Oxy, USA, Inc.

ADDRESS 1701 N. Kansas, P.O. Box 2528, Liberal, KS 67905

PHONE # 620-629-4232 OPERATOR'S LICENSE NO. 5447

Character of Well good

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

The plugging proposal was approved on 8/27/2002 (date)

by Mike Maier (KCC District Agent's Name)

is ACO-1 filed? yes If not, is well log attached? No

Producing Formation Miss Depth to Top 4763 Bottom 4726 T. D. 4861

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	299	None
				4 1/2	4849	2300

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Lay down rods and tubing, set cibrp at 4675, dump 2sx portland cement with dump bailer, stretch and cut 4 1/2 at 2300', lay Down 4 1/2, run 2 3/8 to 1055, Allied load hole with jel and spot 50sx cement, pull 2 3/8 to 310 and spot 50sx, pull 2 3/8 to 60' and circulate to surface, 60/40, 6% jel, lay down 2 3/8

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oxy USA, Inc.

STATE OF Kansas COUNTY of Barber, ss.

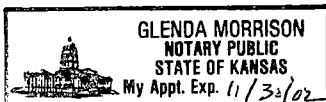
Alan Vratil (Employee of Operator) or (Operator) of above described well, being first

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 filled that the same are true and correct, so help me God.

(Signature) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 30 day of August, 2002



[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OR