

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

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

API NUMBER 15-147-20,489

LEASE NAME Bach "A"

WELL NUMBER 2

4950 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 24 TWP. 2 RGE. 19 (EX or (W))

COUNTY Phillips

Date Well Completed 10-14-85

Plugging Commenced 10-14-85

Plugging Completed 10-14-85

OCT 22 1985

PRODUCTION

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

LEASE OPERATOR TXO Production Corp.

ADDRESS Market Centre, 155 N. Market,
Suite 1000, Wichita, KS 67202

PHONE#(316) 269-7600 OPERATORS LICENSE NO. 5171

Character of Well D&A

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

Did you notify the KCC/KDHE Joint District Office prior to plugging this well? Yes

Which KCC/KDHE Joint Office did you notify? Dist #6

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3510'

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
		Surf.	208	8-5/8"		

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.
25 sx. @ 1670', 100 sx. @ 1080', 40 sx. @ 240', 10 sx. @ 40',
15 sx. in rathole
60/40 Pozmix, 6% Gel

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

Name of Plugging Contractor Woodman-Iannitti Drlg. Co. License No. 5122

Address P.O. Box 308, Great Bend, KS 67530

STATE OF _____ COUNTY OF _____, ss.

(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) Jeffrey S. Childs

(Address) _____

SUBSCRIBED AND SWORN TO before me this 31st day of October, 1985

Connie F. Koehler

My Commission Expires: July 10, 1988

Notary Public
STATE CORPORATION COMMISSION

Connie F. Koehler
NOTARY PUBLIC
State of Kansas
MY APPT. EXPIRES 7/10/88

NOV 4 1985
11-4-85