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

API NUMBER 15-N/A
LEASE NAME Pinkerton A
WELL NUMBER 6

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

LEACH OPERATOR OXY USA Inc.
ADDRESS P. O. Box 26100
PHONE# (405) 749-2309 Operators License #5447
Character of Well Oil
(Profit, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on 9/2/94 (date)
by Dennis Hamel (KCC District Agent's name).

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

Producing Formation Reagan Depth to Top 3595 Bottom 3604 T.D. 3604

Show depth and thickness of all water, oil and gas formations.

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put in</th>
<th>Pulled Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reagan</td>
<td>Oil</td>
<td>3595</td>
<td>3604</td>
<td>8 5/8&quot;</td>
<td>153'</td>
<td>5 1/2&quot;</td>
</tr>
</tbody>
</table>

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 plug were used, state the character of same and depth placed, from _____feet to _____feet each set.

Mixed & pumped 25 sks 60/40 POZ w/10% added gel 1/4# Floccul & 150# hulls, followed by 125 sks gel. Followed 175 sks cmt w/250# hulls. Pumping press 1000# shut in press 700#. Hooked up to 8 5/8" surface csg. Pumped 25 sks 60/40 POZ w/10% added gel 1/4# sk Floccul & 100# hulls. Pumping press 200# Shut in press 100#.

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

Name of Plugging Contractor Halliburton Services
License No. 5988
Address O.O. Box 47, Oberlin, KS 67749 (800) 437-4751

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OXY USA Inc.

STATE OF OKLAHOMA COUNTY OF OKLAHOMA, ss.

Jerry Ledlow (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) ____________________________
(Address) P. O. Box 26100, OKC, OK 73126-0100

SUBSCRIBED AND SWORN TO before me this ___ day of ___ 19 __.

My Commission Expires: 5-2-98

Form CP-4
Revised 05-88

KCC DAVIES DIVISION
KANSAS, 1994

1/3-94