

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1035951

Form CP-1 March 2009 This Form must be Typed Form must be Signed All blanks must be Filled

WELL PLUGGING APPLICATION Please TYPE Form and File ONE Copy

OPERATOR: License #:		API No.	15									
Name:		If pre 19	If pre 1967, supply original completion date:									
Address 1:		Spot De	scription:									
Address 2:			Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section									
									Ű,	s Calculated from Neare		Corner:
							Phone: ()			NE NW SE SW		
		-	ame:									
		Lease N		weii #.								
Check One: Oil Well Gas Well OG	D&A Ca	athodic Wate	er Supply Well	Other:								
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:								
Conductor Casing Size:	Set at:		Cemented with:		Sacks							
Surface Casing Size:	Set at:		Cemented with: Sacks									
Production Casing Size:	Set at:		Cemented with:		Sacks							
List (ALL) Perforations and Bridge Plug Sets:												
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addi		(Interval)		Stone Corral Formation	,							
Is Well Log attached to this application? Yes No		Yes 🗌 No										
Plugging of this Well will be done in accordance with K. Company Representative authorized to supervise plugging		U										
Address:		City:	State:	Zip:	+							
Phone: ()												
Plugging Contractor License #:		Name:										
Address 1:	,	Address 2:										
City:			State:	Zip:								
Phone: ()												
Proposed Date of Plugging (if known):												
Payment of the Plugging Fee (K.A.R. 82-3-118) will be g												

Submitted Electronically