

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 1967	, supply original comp	oletion date:	
Address 1:		Spot Descr	ription:		
Address 2:			Sec T\	vр S. R	East We
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Sectio
Phone: ()		Footages C	Calculated from Neare		
Frione. (/			NE NW	SE SW	
			ne:		# :
Check One: Oil Well Gas Well OG	D&A Ca	nthodic Water S	Supply Well	Other:	
SWD Permit #:	ENHR Permit #: _		Gas Storage	Permit #:	
Conductor Casing Size:	Set at:	C	emented with:		Sack
Surface Casing Size:	_ Set at:	C	emented with:		Sack
Production Casing Size:	_ Set at:	C	emented with:		Sack
List (ALL) Perforations and Bridge Plug Sets:					
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addit		(Interval)	(Stone Corral Formation	on)
Is Well Log attached to this application? Yes No	o Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with K. Company Representative authorized to supervise plugging	— — ,	•		•	
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 guaranteed by Operator or Agent

Submitted Electronically

Summary of Changes

Lease Name and Number: SEBESTA 11

API/Permit #: 15-167-20528-00-00

Doc ID: 1036382

Correction Number: 1

Field Name Previous Value New Value

API 15-167-20502-00-00 15-167-20528-00-00