

Kansas Corporation Commission Oil & Gas Conservation Division

1038291

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 pr	If pre 1967, supply original completion date:			
Address 1:		Spo	ot Description:			
Address 2:		SecTwp S. R EastWest				
City: State:	Feet from North / South Line of Section					
Contact Person:		-	Feet from	n East /	West Line of Section	
Phone: ()		Foo	tages Calculated from Nea		n Corner:	
Frione. ()			NE NW	SE SW		
			ınty:se Name:se Name:			
		Lea	se ivallie.	VVCII #-		
Check One: Oil Well Gas Well OG	D&A	Cathodic	Water Supply Well	Other:		
SWD Permit #:	ENHR Permit #	<i>‡</i> :	Gas Storag	e Permit #:		
Conductor Casing Size:	_ Set at:		Cemented with:		Sacks	
Surface Casing Size: Set at:			Cemented with: Sac			
Production Casing Size: Set at:			Cemented with: Sack			
List (ALL) Perforations and Bridge Plug Sets:						
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional a	Casing Leak at:			(Stone Corral Formation	nn)	
Is Well Log attached to this application? Yes No	Is ACO-1 filed?	Yes No				
If ACO-1 not filed, explain why:	107.00 Tillou.	100 110				
Plugging of this Well will be done in accordance with K.S	3.A. 55-101 <u>et. seq</u> . and	the Rules and R	Regulations of the State Co	orporation Commis	ssion	
Company Representative authorized to supervise plugging of	perations:					
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