

15-153-20011-00-03

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

LEASE NAME R. H. Palmer

WELL NUMBER #3W

440 Ft. from S Section Line

2200 Ft. from E Section Line

SEC. 6 TWP. 1S RGE. 33 (E) or (W)

COUNTY Rawlins

Date Well Completed 5-67

Plugging Commenced 12-18-93

Plugging Completed 12-18-93

LEASE OPERATOR Gore Oil Company

ADDRESS P.O. Box 2757, Wichita, KS 67201-2757

PHONE#(316) 263-3535 OPERATORS LICENSE NO. 5552

Character of Well Injection

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

The plugging proposal was approved on 11-16-93 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation Lansing Depth to Top 3794 Bottom 4125 T.D. 4132

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
Lansing	oil, water	0	190	8 5/8"	190	0
		0	4166	5 1/2"	4166	0

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 section.
Pump 350 sx 60/40 - 10% Gel with 5 sx hulls down 5 1/2" casing. Pump 100 sx 60/40 - 10% Gel down 8 5/8"-5 1/2" annulus. Plugging complete.

Name of Plugging Contractor Halliburton

Address Box 47, Oberlin, KS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Gore Oil Company

STATE OF Kansas COUNTY OF Sedgwick

RECEIVED
STATE CORPORATION COMMISSION
License No. _____
DEC 29 1993
12-29-93
CONSERVATION DIVISION
Wichita, Kansas
SS.

Scott W. Scheuerman (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 the the same are true and correct, so help me God.

(Signature) Scott W. Scheuerman

(Address) P.O. Box 2757, Wichita, KS 67201-2757

SUBSCRIBED AND SWORN TO before me this 28th day of December, 19 93

Rebecca K. Crawford
Notary Public

My Commission Expires: 1-7-95

USE ONLY ONE SIDE OF EACH FORM

STATE OF KANSAS
REBECCA K. CRAWFORD
State of Kansas
My Appt. Exp. 1-7-95
NOTARY PUBLIC

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

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

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 BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)