## RECEIVED KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## FEB 0 9 2004 WELL PLUGGING APPLICATION

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

KCC WICHITA

Please TYPE Form and File ONE Copy

| API # 15- 011-20194-00-0                                  | (Identifier Number of                   | this well). This must be li | isted for wells drilled since 1967; if | no API # was issued,                    |
|---|---|-----------------------------|--|---|
| indicate original spud or completion date                 | *                                       |                             |  | 10.                                     |
| Well Operator: Smith Ronch Company (Owner) Company (Name) |   | KCC License #: 6085         |  |   |
| Address: 695 Kansas 2                                     | vner / Company[Name)<br>7               | City: S [                   | caron Spring=                          | erator's)                               |
| State: Kansas   | Zip Code:                               |                             | none: (785) 852 - 4                    |   |
| Lease: Smith Cattle Inc                                   | Well #:_4                               |                             | 0 47                                   | _ East ✓ West                           |
| NE NE NE  | Spot Location / QQQQ                    | County: Greeley             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - Lust V West                           |
| Feet (in exact footage) From                              | North / ✓ South (                       | rom nearest outside sectio  | n corner) Line of Section (Not Lease   | e l ine)                                |
| Feet (in exact footage) From                              |   |                             | n comer) Line of Section (Not Lease    |   |
| Check One: Oil Well Gas Well                              | D&A Cathodic                            | Water Supply V              | Vell                                   | •                                       |
| ✓ swb Docket # D-20,433                                   | ENHR Doo                                |                             | Other:                                 |   |
| Conductor Casing Size:                                    | Set at:                                 | Ce                          | mented with:                           | Sacks                                   |
| Surface Casing Size: 8 5/8                                | Set at: 255                             | Ce                          | mented with: 250                       | Sacks                                   |
| Production Casing Size: 4 1/2                             | Set at: 3118                            | Ce                          | mented with: 550                       | Sacks                                   |
| List (ALL) Perforations and Bridgeplug Sets: per          | is 1912-1954                            |                             |  |   |
|   | ;                                       |                             |  |   |
| Elevation: 3650 ( G.L. / K.B.) T.D.:                      | PBTD: 3120                              | Anhydrite Depth: _4         | 2682                                   |   |
| Condition of Well: Good Poor                              | Casing Leak                             | ✓ Junk in Hole              | (Stone Corral Formation                | n)                                      |
| Proposed Method of Plugging (attach a separate pag        |   |                             | rs                                     |   |
| riopossa metrisa or ringging (allacir a separate pag      | e ii addiilonal space is needed         | 7                           |  |   |
|   |   |                             |  |   |
| Is Well Log attached to this application as required?     |   |                             |  |   |
| If not explain why? No log available                      | Yes ✓ No Is A                           | CO-1 filed? Yes v           | <u>∕</u> No                            |   |
| if not explain why?                                       |   |                             |  |   |
| :   |   |                             | <                                      |   |
| Plugging of this Well will be done in accordance          |   |                             |  | Commission.                             |
| List Name of Company Representative authorized to         | to be in charge of plugging             |                             |  |   |
|   | *************************************** | Phone: ( )                  | 620 ) 376 - 4400 620.                  | 376.8190                                |
| Address: Box 175  |   | City / State:               | Tribune,Kansas                         | *************************************** |
| Plugging Contractor: Allied                               | ompany Name)                            | KCC Licens                  | e #: 99994<br>(Contractor's            | 1                                       |
| Address: Russell,Kansas                                   |   | Phone: (                    | 785 ) 483 - 2627                       |   |
| Proposed Date and Hour of Plugging (if known?): _         | 2-12-04 <i>Z</i> - <i>Z</i>             | 3-04 P                      | lugged                                 |   |
| Payment of the Plugging Fee (K.A.R. 82-3-118) w           | ill be guaranteed by Opera              | or Agent                    | , 00                                   |   |
| Date: 2-03-04 Authorized Operator                         | / Agent:                                | Auc Ulse                    | N                                      |   |
|   |   |                             | (Signature)                            |   |