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KCC WICHITA

STATE OF KANSAS KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 South Market - Room 2078 Wichita, Kansas 67202

FORM CP-1 (3/92)

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

API # 5-159-01705- (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 Pauley Oil KCC LICENSE # 3/327
WELL OPERATOR Pauley oil ADDRESS Ro- Box 163 CITY Holy/cod (operator's)
STATE Kansus ZIP CODE 67450 CONTACT PHONE # (785) 252-3286
LEASE Appel WELL# 3 SEC. 21 T. 18 R. 10 (East/West)
- SW-SW-NE SPOT LOCATION/QQQQ COUNTY RICE
29 70 FEET (in exact footage) FROM (S/N (circle one) LINE OF SECTION (NOT Lease Line)
23/0 FEET (in exact footage) FROM (circle one) LINE OF SECTION (NOT Lease Line)
Check One: OIL WELL X GAS WELL D&A SWD/ENHR WELL DOCKET#
CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS
SURFACE CASING SIZE \$5/8 SET AT 253 CEMENTED WITH 200 SACKS
PRODUCTION CASING SIZE $5/2$ SET AT 3228 CEMENTED WITH 150 SACKS
LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Ofen Hole
ELEVATION 1745 T.D. 3229 PBTD 6 # ANHYDRITE DEPTH 2 (Stone Corral Formation)
CONDITION OF WELL: GOOD POOR X CASING LEAK X JUNK IN HOLE
PROPOSED METHOD OF PLUGGING per Forche 1250' 900' 308'
Spot 79 Sacks @ 1250' 35 Such @ 900'
CPMent 303 to Suv Face- (If additional space is needed attach separate page)
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes
If not explain why?
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 <u>et. seq</u> . And the Rules and Regulations of the state corporation commission.
LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
PAULEY 011 PHONE# 785 252-3286
ADDRESS <u>for Max 163</u> City/State <u>Holy/ool</u> , HS
PLUGGING CONTRACTOR Pauley oil KCC LICENSE # 3/327
ADDRESS PHONE # 785 252-3286
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 5 -10-04 Plugand
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: 5-9-04 AUTHORIZED OPERATOR/AGENT: ///
(signature)