

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 # 15-147-20564-00-00 (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 Thoroughbred Associates KCC LICENSE # 31514
(owner/company name) (operator's)

ADDRESS 10 Colonial Court CITY Wichita

STATE Kansas ZIP CODE 67207 CONTACT PHONE # (316) 685-1512

LEASE Boyd Trust WELL# 1 SEC. 1 T. 4S R. 19W (East/West)

C - SE - SW - NE SPOT LOCATION/QQQQ COUNTY Phillips

2970 FEET (in exact footage) FROM 9/N (circle one) LINE OF SECTION (NOT Lease Line)

1650 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 8-5/8" SET AT 219 CEMENTED WITH 140 sxs SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION GL 2026' T.D. 3487' PBDT _____ ANHYDRITE DEPTH 1567-1593
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING Plug with 200 sxs of 60/40 pozmix, 1/4# flocele, 6% gel.

1st plug set at 1575' w/25 sxs; 2nd plug set at 1000' w/100 sxs; 3rd plug set at 270'

w/40 sxs; 4th plug set at 40' w/10 sxs; 15 sxs in rathole, 10 sxs in mousehole. _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? yes

If not explain why? no log run

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:

Bill Petersen PHONE# (316) 685-1512

ADDRESS 10 Colonial Court City/State Wichita, KS 67207

PLUGGING CONTRACTOR Allied Cementing Company LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # ()

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) October 22, 1995 a.m.

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

DATE: 11-7-95 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)