

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 # 15-137-203970000 (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 Hummon Corporation KCC LICENSE # 5050
(owner/company name) (operator's)
ADDRESS 950 N. Tyler CITY Wichita
STATE KS ZIP CODE 67212-3240 CONTACT PHONE # (316) 773-2300
LEASE Bales WELL# 1 SEC. 13 T. 4S R. 22 SEAN/West
- SW - SW - SW SPOT LOCATION/QQQQ COUNTY Norton

330 FEET (in exact footage) FROM S (circle one) LINE OF SECTION (NOT Lease Line)
330 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE NA SET AT _____ CEMENTED WITH _____ SACKS
SURFACE CASING SIZE 8-5/8" SET AT 250' CEMENTED WITH 150 SACKS
PRODUCTION CASING SIZE 5-1/2" SET AT 4628' CEMENTED WITH 100 SACKS
BAKER PORT COLLAR SET AT 1812' CEMENTED WITH 350 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Perf: 3621 - 3622

ELEVATION 2160/2167 T.D. 3634' PSTD 3598' ANHYDRITE DEPTH 1828
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING As approved by Carl Goodrow RECEIVED
STATE CORPORATION COMMISSION

AUG 09 1996
5-9-96

(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 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:

Tom Post PHONE# (316) 886-5871

ADDRESS P.O. Box 365 City/State Medicine Lodge, KS 67104

PLUGGING CONTRACTOR Poe Servicing, Inc KCC LICENSE # 3152
(company name) (contractor's)

ADDRESS P.O. Box 115, Oberlin, KS 67749-0115 PHONE # (913) 475-3422

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) August 2, 1996

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

DATE: 8/7/96 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

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

LEASE OPERATOR _____

ADDRESS _____

PHONE#() _____ OPERATORS LICENSE NO. _____

Character of Well _____

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

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

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

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.

Name of Plugging Contractor _____ License No. _____

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF _____ COUNTY OF _____, ss.

(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) _____

(Address) _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 19 _____

Notary Public

My Commission Expires: _____