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## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

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

API # 15 - 003-24267-00-00 \_\_ (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued. indicate original spud or completion date 11/30/2004 Well Operator: Southern Star Central Gas Pipeline KCC License #: 33097 P. O. Box 20010 Address: 4700 Highway 56 Citv: Owensboro State: Kentucky Well #: 78 GRN <del>Test-</del> Lease: South Welda Storage County: Anderso 28-04-5KA-Per I Spot Location / QQQQ 1610' North / V South (from nearest outside section corner) Line of Section (Not Lease Line) Feet (in exact footage) From 2173' East / V West (from nearest outside section corner) Line of Section (Not Lease Line) Feet (in exact footage) From Check One: Cathodic Water Supply Well ✓ Other: \_Gas Storage ENHR Docket # Conductor Casing Size: Cemented with: \_ Sacks \_ Set at: 72 ft Surface Casing Size: 7" Cemented with: 23 sks. Production Casing Size: \_\_\_\_ Set at: \_\_\_ List (ALL) Perforations and Bridgeplug Sets: Anhydrite Depth: Casing Leak Proposed Method of Plugging (attach a separate page if additional space is needed): Plug solid from T.D. (97') to surface with 23 sks. Class A cement. is Well Log attached to this application as required? Yes ✓ No Is ACO-1 filed? ✓ Yes No 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: Bernie Rockers Phone: (785) 448 - 4816 Address: P.O. Box 550 City / State: Welda, KS 66091 Plugging Contractor: Pratt Well Service KCC License #: Address: P. O. Box 847 Pratt, Kansas 67124 770 1404 Proposed Date and Hour of Plugging (if known?): 12/01/2004 2:00 p.m. Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent \_ Authorized Operator / Agent: \_