

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 # 15-023-20325-00-00 (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 Smokey Valley Resources, Inc. KCC LICENSE # 32081 3/02
(owner/company name) (operator's)

ADDRESS P.O. Box 199 CITY Chase

STATE KS ZIP CODE 67524 CONTACT PHONE # (620) 938.2470

LEASE Briney Farms WELL# 2 SEC. 4 T. 5S R. 37 (East/West)

S/2 - N/2 - NE SPOT LOCATION/QQQQ COUNTY Cheyenne

1140 FEET (in exact footage) FROM S/(N) (circle one) LINE OF SECTION (NOT Lease Line)

1320 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 340' CEMENTED WITH 250 SACKS

PRODUCTION CASING SIZE 4 1/2" SET AT 4761' CEMENTED WITH 250 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 4620-4626

ELEVATION 3374' T.D. 4780' PBTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Following the rules and regulations of the KCC.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ 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:

George Saling PHONE# () 620.938.2470

ADDRESS P.O. Box 199 City/State Chase, KS 67524

PLUGGING CONTRACTOR Northwest Well Service KCC LICENSE # 31664 3/02
(company name) (contractor's)

ADDRESS P.O. Box 159, Merino, CO 80741 PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) ASAP 1-17-2002 @ 1:00 pm

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

DATE: 1/31/02 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

Rec'd
1-16-2002