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KCG WICHTA

## 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 # 15-051-24 649-(Identifier number of this wall)   |
|--|
| wells drilled since 1967; if no API# was issued, indicate spud or completion date.   |
| KCC LICENCE # 3/6/2 5 V  |
| AM DISHANTER CITY (ACLIENCE STATES)  |
| STATE KS ZIP CODE 660 47 COMMON TOWN THE   |
| WELL# // SEC 3 T /// B B 1   |
| COUNTY ZZZZZ   |
| FLET (In exact rootage) FROM S N (circle one) LINE OF SECTION (NOT 1000)   |
| 300 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   |
| CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS  SURFACE CASING SIZE 858" SET AT 7.50 CEMENTED WITH CITC 1605x 60/40 Po 2  PRODUCTION CASING SIZE 858" SET AT 7.50 CEMENTED WITH CITC 1605x 60/40 Po 2  |
| PRODUCTION CASING SIZE 5 1/2" SET AT 150 CEMENTED WITH CITC 1605x SACKS  |
| PRODUCTION CASING SIZE 5/2" SET AT 3854 CEMENTED WITH 75 SX 6/16/67 SACKS LIST (ALL) PERFORATIONS and PRINCEPLUS SACKS   |
| The state of the s |
| (G.L)/K.B.) T.D. 506/ PBTD 386/ ANHYDRITE DEPTH 1528-1575  |
| CICTUD TO DESCRIPTION OF THE PROPERTY OF THE P |
| PROPOSED METHOD OF PLUGGING POZ MIX - 60/40 10% Gel 505X W/500 #Halls - 205X   |
| Coel - 130 SX - AND 20 SX for the ANNOLUS!   |
| 2005X TOTAL 60/40 Paz 1000 Get 5000 ## 11  |
| (If additional space is needed attach separate page)   |
| IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? NA   |
|  |
| PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seg. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.  |
| LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:   |
| Trancy Oil Co Robert Wallmeier PHONE 185 625-2735  |
| annopped 3 3 . 4 // · · ·  |
| PLUGGING CONTRACTOR ROMEN ON CO  |
| ADDRESS 3425 TAM O'Sharter Causence (company name)  (company name)  (contractor's)  (contractor's)  (contractor's)   |
| PROPOSED DATE AND FORM OF THE  |
| PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT  |
| DATE:AUTHORIZED OPERATOR/AGENT:  |
| (signature)  |