

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

RECEIVED

AUG 02 - 2002

KCC WICHITA
FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

15-091-21286-0000

API # 15-091-21-286 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. 8/02

WELL OPERATOR D. E. Exploration, Inc. KCC LICENSE # 4567
(owner/company name) (operator's)
ADDRESS 516 Main PO Box 128 CITY Wellsville

STATE KS ZIP CODE 66092 CONTACT PHONE # (785) 883-4057

LEASE Calder WELL# 1 SEC. 24 T. 14 R. 21 (East/West) ~~XXXXX~~

NE-SE - NE - SPOT LOCATION/OOOO COUNTY Johnson

3850 FEET (in exact footage) FROM SX (circle one) LINE OF SECTION (NOT Lease Line)

660 FEET (in exact footage) FROM EX (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 6 1/4 SET AT 40.9 CEMENTED WITH 10 SACKS

PRODUCTION CASING SIZE 2 7/8 SET AT 952.6 CEMENTED WITH 143 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: perforated @ 897.5-901.5 9 shots

ELEVATION _____ T.D. 980.2 PBTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING pull out 1" and cement to top of well

(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:

Jim Hoehn PHONE# 913 244-1482

ADDRESS 516 Main PO Box 128 City/State Wellsville, KS 66092

PLUGGING CONTRACTOR Consolidated Industrial Service KCC LICENSE # 31440
Oil Well Services, Inc. (company name) (contractor's)
ADDRESS 211 W 4th, PO Box 884, Chanute KS. 66722 PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 07-31-02 Plugged

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

DATE: 07-30-02 AUTHORIZED OPERATOR/AGENT: [Signature] PWS.
(signature)