

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 # 15-065-22,740-000 (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 NATIONAL PETROLEUM RESERVES KCC LICENSE # 9482  
(owner/company name) (operator's)  
ADDRESS 250 N. ROCK RD., SUITE 340 CITY WICHITA  
STATE KANSAS ZIP CODE 67206 CONTACT PHONE # (316) 681-3515  
LEASE MIDDLETON WELL# 1 SEC. 19 T. 6S R. 23 (East/West)  
- NE -NW SW SPOT LOCATION/QQQQ COUNTY GRAHAM

2310' FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)  
865' 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 246.93' CEMENTED WITH 60-40 posmix / 250 SACKS

PRODUCTION CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION 2380' / 2385' T.D. 3900' PETD \_\_\_\_\_ ANHYDRITE DEPTH 2079'-2112'  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Fill w/heavy mud; set 1st plug @ 2100' w/25 sx; 2nd plug @ 1230' w/100 sx; 3rd plug @ 300' w/40 sx; 4th plug @ 40' w/10 sx; rathole 15 sx;

Total 190 sx 60-40 posmix 6% gel 3% cc, 1/4# Floseal per sk.  
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACC-1 FILED? yes

If not explain why? \_\_\_\_\_

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. sec. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS \_\_\_\_\_

Tony Martin PHONE# (913) 743-5443  
ADDRESS 533 N. Main City/State Wakeeney, KS 67672

PLUGGING CONTRACTOR ABERCROMBIE RTD, INC. KCC LICENSE # 30684  
(company name) (contractor's)

ADDRESS 150 N. Main, Suite 801, Wichita, KS 67202 PHONE # (316) 262-1841

PROPOSED DATE AND HOUR OF PLUGGING (if known?) Complete at 3:00 p.m. 6-9-94

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

DATE: 7/21/94 AUTHORIZED OPERATOR/AGENT: [Signature]  
(signature)

RECEIVED  
STATE CORPORATION COMMISSION  
JUN 23 1994  
CONSERVATION DIVISION  
Wichita, Kansas

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Coleridge Derby Building  
Wichita, Kansas 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER \_\_\_\_\_

LEASE NAME \_\_\_\_\_

WELL NUMBER \_\_\_\_\_

\_\_\_\_\_ Ft. from S Section Line

\_\_\_\_\_ Ft. from E Section Line

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W)

COUNTY \_\_\_\_\_

Date Well Completed \_\_\_\_\_

Plugging Commenced \_\_\_\_\_

Plugging Completed \_\_\_\_\_

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 set.

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 that 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: -  
USE ONLY ONE SIDE OF EACH FORM.