p. 1

## 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 - 159-21274 -00 -00	(Identifier Number of this waii).	This must be listed for wells drilled since 1987;	If no API # was issued,
indicate original spud or completion date			81 /
Well Operator: JD PRODUCTION CO		KCC License #: 8917	601
Address: BOX 254		City: GENESEO	perator's)
		Contact Phone: (620 ) 824 - 61	56
Lease: RENOLLET	Well #: 1	Sec. 5 Twp. 21 S. R. 6	East West
		RICE	<del></del>
4290 Feet (in exact tootage) From	North / South (from neeres	t outside section corner) Line of Section (Not Lea	ase Line)
1650 Feet (In exact footage) From	☑ East / ☐ West (from neares	t outside section corner) Line of Section (Not Lea	see Line)
Check One: Oil Well Gas Well	D&A Cathodic W	Vater Supply Well	
SWD Docket #	ENHR Docket #	Other:	
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8	Set at: 164	Cemented with: 135	Sacks
Production Casing Size: 4 1/2	Set at: 3534	Cemented with: 250	Sacks
List (ALL) Perforations and Bridgeplug Sets: 344	12-57 MISS		
Elevation: 1648 ( G.L. / K.B.) T.D.; 35	34 PBTD: Anhy	/cinite Depth:	
Condition of Well: Good Poor		(Stene Correl Forms ( in Hole	ation)
Proposed Method of Plugging (attach a separate page			
Toposes mented of Lagging lander & Separate pag	n acommer space to mededy.		Age to the state of the state o
Is Well Log attached to this application as required'  If not explain why? NOT AVAILABLE TO U		Yes No	
If not explain why?			
Plugging of this Well will be done in accordance		'	on Commission.
List Name of Company Representative authorized	to be in charge of plugging operations:		
		Phone: (620 ) 824 - 6156	
		City / State: GENESEO KS 67444	
Plugging Contractor: QUALITY WELL SER	/ICE Company Name)	KCC License #: 31925	93
Address: 401 W MAIN LYONS KS 67554		Phone: (620) 727 - 3410	/ / /
Proposed Date and Hour of Plugging (if known?):	ASAP		
Payment of the Plugging Fee (K.A.R. 82-9-118) w			
	/ill be guaranteed by Operator or Age	nt ,	
Date: Authorized Operator		nt The (Signature)	

RECEIVED KANSAS CORPORATION COMMISSION

APR 2 0 2005

**CONSERVATION DIVISION** WICHITA, KS