

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)

15-163-21810-00-00

API # _____ (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 Oil Producers of KS - Inc- KCC LICENSE # 8061
(owner/company name) (operator's)

ADDRESS P.O. Box 8647 CITY Wichita

STATE KANSAS ZIP CODE 67208 CONTACT PHONE # (316) 681-0231

LEASE Blower WELL# 2-21 SEC. 21 T. 7 R. 19 (East, West)

SW-SW-NE- SPOT LOCATION/QQQQ COUNTY ROOKS

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

_____ 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 206 CEMENTED WITH 130 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 3422 CEMENTED WITH 150 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1983 G.L. T.D. 3456 PBDT _____ ANHYDRITE DEPTH 1986
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING Per. KCC Requirements

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO 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.

RECEIVED
STATE CORPORATION COMMISSION
9/21/95
SEP 21 1995
CONSERVATION DIVISION
Wichita, Kansas

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

BRAD SIROKY PHONE# (316) 672-6373

ADDRESS 400 S. MAIN BOX 4 City/State PRATT, KS-

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE # _____
(company name) (contractor's)

ADDRESS Russell, KS- PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) A.S.A.P.

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

DATE: 7-19-95 AUTHORIZED OPERATOR/AGENT: M. Van [Signature]
(signature)