## 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 - 173 - 01327 - 00 - 01 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date 6-12-63Well Operator: VAL Energy Inc. \_ KCC License #: 5822 (Owner / Company Name) Address: Box 116 \_\_ <sub>Citv:</sub> Wichita State: Kansas \_\_\_\_\_ Zip Code: 67201 \_\_\_\_ Contact Phone: (316 ) 263 - 6688 Sec. 24 Two. 27 S. R. 2 Betzen \_ Well #: 2 Lease: County:\_Sedgwick S/2 - S/2 SW Spot Location / QQQQ 330 From North / V South (from nearest outside section corner) Line of Section (Not Lease Line) 1160 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line) Check One: ✓ Oil Well Gas Well Cathodic Water Supply Well ✓ SWD Docket # C-21,741 ENHR Docket # \_\_\_ Cemented with: Conductor Casing Size:\_ \_\_ Set at: Sacks \_\_\_\_\_ Set at: 412 Surface Casing Size: 8 5/8 \_\_\_\_\_Cemented with: 275 Set at: 3520 Production Casing Size: 5 1/2 Cemented with: 100 List (ALL) Perforations and Bridgeplug Sets: 4 1/2" liner set from 3437 to 3804, 5 1/2 CIBP @ 3434, 5 1/2 CIBP @ 3398, Miss perfs @ 3420 to 3428 squeezed off with cment Elevation: 1328 PBTD: 3826 (VG.L./ K.B.) TD. 3891 Anhydrite Depth: (Stone Corral Formation) Condition of Well: Poor Casing Leak Junk in Hole Proposed Method of Plugging (attach a separate page if additional space is needed): All perfs squeezed off, set 5 1/2 CIBP @ 3434 to shut off Liner, Set 5 1/2 CIBP @ 3398 & top w/2 sx cement, perfs @ 500', run tubing and circulate cement to surface inside and out. No casing pulled, Verbal OK to plug by Doug Lewis & Dave Wertz on 6-9-05 RECEIVED KANSAS CORPORATION COMMISSION Is Well Log attached to this application as required? 

✓ Yes No Is ACO-1 filed? Yes No 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: Todd Allam Phone:\_( 316 ) 263 - 6688 Address: Box 116 City / State: Wichita, Ks. 67201 Plugging Contractor: Sams Well Service (Company Name) Phone: (620) 441 Address: Arkansas City, Ks. Proposed Date and Hour of Plugging (if known?): 6-44-05 10:00 A.M. Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Date: 6-10-05 \_\_ Authorized Operator / Agent: