

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

RECEIVED
KANSAS CORPORATION COMMISSION
FORM CP-1 (3/92)
9-17-96
SEP 17 A 10:48

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

API # 15-179-20,696 (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 Elmer Hoff KCC LICENSE # 8847
(owner/company name) (operator's)

ADDRESS Box 264 CITY Selden

STATE Kansas ZIP CODE 67757 CONTACT PHONE # (913) 735-2564

LEASE Brantley WELL# 4 SEC. 16 T. 6 S. R. 29 (East/West)

W/2 - SE - SE - SPOT LOCATION/QQQQ COUNTY Sherdian

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

990 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 8 5/8 SET AT 259 CEMENTED WITH 160 SACKS

SURFACE CASING SIZE 8 5/8 SET AT 259 CEMENTED WITH 160 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4154 CEMENTED WITH 200 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 4096 to 4100

ELEVATION 2816 T.D. 4151 PBDT _____ ANHYDRITE DEPTH 2561
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING mix 50 sks. cement with 400 lbs Hulls followed by 13 sks. of Gel. Then mix 130 sks. cement with 100 lbs.

of Hulls. Pressure to 800 psi Held hook on back side and pressured to 700 psi.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

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:

Elmer Hoff PHONE# 913 735-2564

ADDRESS 1203 E. 4th City/State Victoria, Ks.

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

ADDRESS Russel PHONE # (913) 483-3250

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: 9-4-96 AUTHORIZED OPERATOR/AGENT: Elmer Hoff
(signature)