

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 # 15-193-20,614-00-00 (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 THUNDERBIRD DRILLING, INC. KCC LICENSE # 5131
(owner/company name) (operator's)

ADDRESS P.O. BOX 780407 CITY WICHITA

STATE KANSAS ZIP CODE 67278 CONTACT PHONE # (316) 685-1441

LEASE KELLER TRUST WELL# 1 SEC. 29 T. 6S R. 31 (East/West)

NE NE SW SPOT LOCATION/QQQQ COUNTY Thomas

2310' FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

2310' 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 263.08' CEMENTED WITH 60-40 posmix-200 sx SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2986'/2991' T.D. 4580' PSTD _____ ANHYDRITE DEPTH 2664'-2696'
(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 @ 2670' w/25 sx; 2nd plug @ 1830 w/100 sx; 3rd plug @ 315' w/40 sx; 4th plug @ 40' w/10 sx; Total 190 sx 60-40 posmix 6% gel 1/2 Floseal per sk.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? No

If not explain why? Sent to Operator to complete.

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 _____

Gary Fisher PHONE# (913) 743-5654 STATE CORPORATION COMMISS

ADDRESS P.O. Box 103 City/State Wameeney, KS 67672

PLUGGING CONTRACTOR Abercrombie RTD, Inc. KCC LICENSE # 30684
(company name) (contractor)

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

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) Complete @ 7:15 a.m. 12-7-93

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

DATE: 12-17-93 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

12-20-93
RECEIVED
DEC 20 1993

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado 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