

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)

API # 15-163-23,237-00-01 (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 KS ZIP CODE 67208 CONTACT PHONE # (316) 681-0231

LEASE GALLAGER WELL# 2 SEC. 1 T. 7 R. 20 (East West)

NW-SW-NW SPOT LOCATION/QOOO COUNTY ROCKS

\_\_\_\_\_ 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 248 CEMENTED WITH 160 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 3689 CEMENTED WITH 175 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION \_\_\_\_\_ T.D. 3690 PBD 3650 ANHYDRITE DEPTH 1690-1720  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING AS PER K.C.C. Requirements

RECEIVED  
KANSAS CORPORATION COMMISSION  
SEP 21 1995  
SEP 21 1995

(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.

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 Coudenberg  
(signature)