FORM CP-1 Rev. 2/89

STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION CONSERVATION DIVISION 200 Colorado Derby Building STATE CORPORATION COMMISSION Wichita, Kansas 67202

October 7, 1991

WELL PLUGGING APPLICATION FORM (File One Copy)

API NUMBER 15-065-22,649-00-0 (of this well). (This must be listed; if no API# was issued, please note drilling completion date.) WELL OWNER/OPERATOR Griggs Oil, Inc. OPERATOR'S LICENSE NO. 5058 ADDRESS 107 N. Market, #800, Wichita, KS 67202 PHONE # (316) 267-7779 LEASE (FARM) Trexler WELL NO. #1 WELL LOCATION SE SE NE COUNTY Graham SEC. 4 TWP. 75 RGE. 23 (E) or W TOTAL DEPTH 3890 PLUG BACK TD Check One: OIL WELL ___ GAS WELL ___ D & A X SWD or INJ WELL ___ DOCKET NO. SURFACE CASING SIZE 8 5/8" SET AT 212.22' CEMENTED WITH 60-40 posmix-170 sx SACKS CASING SIZE _____ SET AT ____ CEMENTED WITH ____ SACKS PERFORATED AT CONDITION OF WELL: GOOD X POOR CASING LEAK JUNK IN HOLE PROPOSED METHOD OF PLUGGING Fill w/heavy mud, set 1st plug @ 2050' w/25 sx; 2nd plug @ 1280' w/100 sx; 3rd plug @ 260' w/40 sx; 4th plug @ 40' w/10 sx w/wiper plug; rathole 15 sx; Total 190 sx 60-40 posmix 6% gel 2 sx Flocel mixed with cement. (If additional space is needed use back of form.) IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? No (If not explain.) Sent to Operator to complete. DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____2:00 p.m. 9-26-91 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. NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: PHONE # (913) 674-5868 Harold Maley ADDRESS 216 E. McFarland, Hill City, KS 67642 PLUGGING CONTRACTOR Abercrombie RTD, Inc. LICENSE NO. 30684 ADDRESS 150 N. Main, Suite 801, Wichita, KS 67202 PHONE # (316) 262-1841 PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT. Jack X. Lekurlor (Operator or Agent) SIGNED:

DATE: