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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

Well Operator: OIL PRODUCERS OF K	ANSAS	KCC License #: 8061	`/8
Address: BOX 8647	wner/Company Name)	City: WICHITA (Operator's)	er talver. And return resume to a tilver models with an
		Contact Phone: (316) 672 - 6373	and the same of th
		0 04 40	East V West
- C - SE - NW		inty: COMMANCHE	Luot [L] Woot
3300 Feet (in exact footage) From		arest outside section corner) Line of Section (Not Lease Line)	
3300 Feet (in exact footage) From	Enteronal Institute American	arest outside section corner) Line of Section (Not Lease Line)	
Check One: V Oil Well V Gas Well	D&A Cathodic	Water Supply Well	
SWD Docket #	ENHR Docket # _	Other:	***************************************
Conductor Casing Size: 13 3/8	Set at: 277	Cemented with: 250	Sacks
Surface Casing Size: 8 5/8	Set at: 987	Cemented with: 450	Sacks
Production Casing Size: 5 1/2	Set at: 5120	Cemented with: 175	Sacks
List (ALL) Perforations and Bridgeplug Sets: 48			
Proposed Method of Plugging (attach a separate page)	L	Junk in Hole KCC REQUIRES	turkina azakina akipatan pakina pakina ara sarayin n
Proposed Method of Plugging (attach a separate parties of the separate parties	ge if additional space is needed): AS	KCC REQUIRES	
Is Well Log attached to this application as required if not explain why? NOT AVAILABLE TO UP. Plugging of this Well will be done in accordance List Name of Company Representative authorized Address: BOX 8647 Plugging Contractor: QUALITY WELL SER Address: 401 W MAIN LYONS KS 67554	ge if additional space is needed): AS ? Yes V No Is ACO-1 fi JS e with K.S.A. 55-101 et. seq. and t I to be in charge of plugging operat VICE (Company Name)	ed? Yes No Rules and Regulations of the State Corporation Comp	nission.
Is Well Log attached to this application as required If not explain why? NOT AVAILABLE TO UP. Plugging of this Well will be done in accordance List Name of Company Representative authorized Address: BOX 8647 Plugging Contractor: QUALITY WELL SER	ge if additional space is needed): AS ? Yes V No Is ACO-1 fi JS e with K.S.A. 55-101 et. seq. and t I to be in charge of plugging operat VICE (Company Name)	ed? Yes No No Re Rules and Regulations of the State Corporation Commons: BRIAN McCOY Phone: (316) 672 - 6373 City / State: WICHITA KS 67208 KCC License #: 31925	nission.