

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-065-22,278 *OXO* (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Foxfire Exploration, Inc. OPERATORS LICENSE NO. 6177
ADDRESS 1022 Union Center, Wichita, Kansas PHONE # (316) 265-6296
180' West of
LEASE (FARM) Korb WELL NO. 4 WELL LOCATION NW NE NW COUNTY Graham
SEC. 35 TWP. 7S RGE. 23W (E) or (W) TOTAL DEPTH 3786 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 314 CEMENTED WITH 220 sx SACKS
CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
PERFORATED AT _____

CONDITION OF WELL: GOOD X POOR _____ CASING LEAK _____ JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

1st plug @ 1950 w/20 sx; 2nd plug @ 1185 w/100 sx & 1 sx celloflake;
3rd plug @ 365 w/40 sx; 4th plug @ 40' w/10 sx; 15 sx in rathole. Total 185 sx 60/40, 6% gel
(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 7:00 PM 12-20-85.

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 COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Gary Fisher PHONE # (913) 743-5337

ADDRESS WaKeeney, Kansas

PLUGGING CONTRACTOR Same LICENSE NO. 8430

ADDRESS _____ PHONE # () _____

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: *Marjorie D. Starr*
(Operator or Agent)

RECEIVED
STATE CORPORATION COMMISSION

1/31/85

JAN 31 1985

DATE: January 30, 1986