

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 # 141-203370000 (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 Castle Resources Inc. KCC LICENSE # 9860
(owner/company name) (operator's)

ADDRESS 1200 E. 27th CITY Hays

STATE Kansas ZIP CODE 67601 CONTACT PHONE # (913) 625-5155

LEASE Schweitzer WELL# 1 SEC. 27 T. 8S R. 12 (East/West)

- NW - NW - SE SPOT LOCATION/QQQQ COUNTY Osborne

2300 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

2300 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 207' CEMENTED WITH 140 SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 3026' CEMENTED WITH 75 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1647 1652 T.D. 3895 PBTD _____ ANHYDRITE DEPTH 784 -810
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING 1st plug 25 sks with 50# of hulls to 2600' 2nd plug @ 850' 40 sks with 100# of hulls 3rd plug @ 550' 30 sks with 100# of hulls 4th plug @ 150' 25 sks top off hole with cement 60/40 poz 6% gel
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes 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:

Jerry Green PHONE# (913) 625-5155

ADDRESS 1200 E. 27th City/State Hays, KS 67601

PLUGGING CONTRACTOR Allied Cementing Company KCC LICENSE # _____
(company name) (contractor's)

ADDRESS PO Box 31 Russell, KS 67665 PHONE # (913) 483-2627

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) June 4, 1997

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

DATE: 7-3-97 AUTHORIZED OPERATOR/AGENT: _____
(signature)