15-163-00210-00-01

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR A. L. Abercrombie, Inc. _____   OPERATORS LICENSE NO. 5393 ____

ADDRESS 801 Union Center, Wichita, KS   67202 ____   PHONE # (316) 262-1841 ____

LEASE (FARM) Bouchey _____ WELL NO. 1 ____ WELL LOCATION NE NW NW ____ COUNTY Rooks ____

SEC. 18 ___ TWP. 8 ___ RGE. 18 ___ X(E)X(W) TOTAL DEPTH 3494' ____ 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 107 ___ CEMENTED WITH _____ 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 @ 1440'-25 sx; 2nd plug @ 850'-100 sx; 3rd

plug @ 150'-40 sx; 4th plug @ 40' to solid bridge-10 sx; rathole-15 sx; 190 sx 60/40 posmix, 6% gel.

(If additional space is needed use back of form)

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____ 3:00 a.m. 9-11-87 _____

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:

Bill Craig. Sr. _____   PHONE # (913) 674-2876 ____

ADDRESS Box 297, Hill City, KS   67642 _____

PLUGGING CONTRACTOR Abercrombie Drilling, Inc. ____   LICENSE NO. 5422 ____

ADDRESS 801 Union Center, Wichita, KS   67202 ____   PHONE # (316) 262-1841 ____

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT   SIGNED: *Jack K. Wharton*
(Operator or Agent)
Jack K. Wharton, Secy/Treas

DATE: 10-01-87