Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-N
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 125-30832-0000 ___ (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date... Well Operator: Rockin Bar Nothin Ranch Inc. KCC License #: 33297 (Owner/Company Name) (Operator's) ____ City:_Tyro Address: P.O. Box 395 State: Kansas _____ Zip Code: 67364 _____ Contact Phone: (620) 289 - 4782 Sec. 11 Twp. 34 S. R. 14 🗸 East 🗌 West Lease:_RBN OWENS LEASE _ Well #: 2 County: Montgomery - W 1/2 - SE - NE _ Spot Location / QQQQ 3400 Feet (in exact footage) From North / 🗸 South (from nearest outside section corner) Line of Section (Not Lease Line) 1000 Feet (in exact footage) From 🗸 East / West (from nearest outside section corner) Line of Section (Not Lease Line) Gas Well ✓ D&A Check One: Oil Well ___ Cathodic Water Supply Well SWD Docket #___ ENHR Docket # Conductor Casing Size:__ _____ Cemented with: Surface Casing Size: 7 Set at: 21.55 Cemented with: 9 Production Casing Size: ____ Set at: ___ Cemented with: List (ALL) Perforations and Bridgeplug Sets: N?A Elevation:_899' (☑G.L./ ☐K.B.) TD. 669' PBTD: _____ Anhydrite Depth:_ (Stone Corral Formation) Condition of Well: Poor Casing Leak Junk in Hole Good Proposed Method of Plugging (attach a separate page if additional space is needed): 5 5/8 open hole - 50' concrete at TD, gelspacer, 50' concrete at 400', gel spacer, and concrete from 250' to surface. Is Well Log attached to this application as required? Yes V No Is ACO-1 filed? Yes V No If not explain why? No log, dry hole. ACO-1 in process now. 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: Tony Carpenter c/o Consolidated Oil Well Services Phone:_(620) 431 - 9219 Address: P.O. Box 1453 _____ City / State: Bartlesville, OK 74005 Plugging Contractor: Consolidated Oil Well Services ____ KCC License #: 31440 (Contractor's) Address: P.O. Box 1453 Bartlesville, OK 74005 ____ Phone: (620) 431 - 9219 Proposed Date and Hour of Plugging (if known?): 10/21/2005 at 9:00 a.m. Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Date: 10/21/2005 _ Authorized Operator / Agent:___