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: Castle Resources	•	KCC License #: 9860						
Address: P. O. Box 87	(Owner/ Company Name)		City: Schoenchen					
	Zip Code: 67667				625	- 5155		
	Well #: 1							✓ West
S/2 - SW - NW - SE		nty:_Rush		тир	O. M.	***************************************	East [v vves
1485 Feet (in exact footage) From			tion corner	r) Line of C	notion (A		1 1>	
Feet (in exact footage) From								
Check One: ✓ Oil Well Gas Well	D&A Cathodic	Water Supply			•		,	
SWD Docket #	ENHR Docket #			Oth	er:			
Conductor Casing Size:	Set at:	(Cemented	with:			A	_ Sacks
Surface Casing Size: 8 5/8"	Set at: _335'		Cemented	with: 190	SX			_ Sacks
Production Casing Size: 5 1/2"	Set at: 4231'	(Cemented	with: 125	sx			_Sacks
List (ALL) Perforations and Bridgeplug Sets: 41								
Elevation: 2189 (G.L. / K.B.) T.D.: 4.	PBTD:A or Casing Leak J	unk in Hole				RECI	EIVED	
Elevation: 2189 (G.L. / K.B.) T.D.: 42	PBTD:A or Casing Leak J	unk in Hole				RECI	EIVED	
Elevation: 2189 (G.L. / K.B.) T.D.: 4: Condition of Well: Good Po Proposed Method of Plugging (attach a separate p	PBTD:A or Casing Leak J age if additional space is needed):_As p	unk in Hole per KCC regul	ations		F	RECI	EIVED 2 2006	TA
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Elevation: 2189 (G.L. / K.B.) T.D.: 4: Condition of Well: Good Po Proposed Method of Plugging (attach a separate p Is Well Log attached to this application as require If not explain why? Plugging of this Well will be done in accordance List Name of Company Representative authorized Address: P. O. Box 87 Plugging Contractor: Swift Services	PBTD:A or Casing Leak J age if additional space is needed): As p d?	unk in Hole per KCC regula d? Yes Prules and Re ns: Jerry Gree	ations No Pagulations en (785)	s of the Sta 625 - enchen, KS	5155 6 6766	RECIAUG (CC)	EIVED 2 2006 WICHIT	TA
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