

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 15 141-20154-00-01 (of this well)

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

LEASE OPERATOR John Roy EVANS OPERATORS LICENSE NO. 7030

ADDRESS Box 385 Clafin, Ks 67525 PHONE # (316) 587-3565

LEASE (FARM) Meyers WELL NO. 1 WELL LOCATION NW NE SE COUNTY Osborne

SEC. 2 TWP. 10S RGE. 15W (E) or (W) TOTAL DEPTH _____ PLUG BACK TD 1120

Check One:

OIL WELL GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8 5/8 SET AT 329 CEMENTED WITH 180 SACKS

CASING SIZE 4 1/2 SET AT 3470 CEMENTED WITH 125 SACKS

PERFORATED AT 3153 to 55 3137 to 39 3117 to 19 P plug 3130

well sanded off to 3090

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL Set permanent plug at 1120'

Fill csg with cement. 50 SKS cement has been pumped between 8 5/8 + 4 1/2. Tubing packer below 1120' + grouted in.
(If additional space is needed use back of form)

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 1 PM Dec 13, 1996 12-27-96

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:

John Roy EVANS PHONE # (316) 587-3565

ADDRESS Box 385 Clafin, Ks 67525

PLUGGING CONTRACTOR Allied Cementing LICENSE NO. _____

ADDRESS Russell, Ks PHONE # () _____

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: John Roy Evans
(Operator or Agent)

DATE: 12-12-96