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

API # 15 - 137-20311 ~ 00 ~ 00	(Identifier Number of this well). This must be listed for wells drille	ed since 1967; if no API # was issued,	
indicate original spud or completion date		7	076	
(Owner / Company Name)			KCC License #: 7076 (Operator's)	
Address: P.O. BOX 641		City:_HAYS		
State: KANSAS	Zip Code: 67601	Contact Phone: (785)	625 - 5891	
Lease: ROBBINS #1 (BAUGUESS)	Well #:_A2	Sec. 1 Twp. 5	S. R. <u>22</u> East	
C _ SE _ NE _ SW _ S	Spot Location / QQQQ Cou	nty: NORTON		
1650 Feet (in exact footage) From	North / / South /from nex	arest outside section corner) Line of S	Section (Not Lease Line)	
2310 Feet (in exact footage) From		arest outside section corner) Line of S		
Check One: ✓ Oil Well Gas Well	D&A Cathodic	Water Supply Well	,	
SWD Docket #	Income		ther:	
Conductor Casing Size: NONE	Set at:	L	Sacks	
Surface Casing Size: 8-5/8				
Production Casing Size: 4-1/2				
			Sacks	
List (ALL) Perforations and Bridgeplug Sets: 3426				
2057 (□0.1□1.) 250	2400	4070		
Elevation: 2057 (VG.L./ K.B.) T.D.: 3500) _{PBTD:}		(Stone Corral Formation)	
Condition of Well: Good Poor	Casing Leak	Junk in Hole		
Proposed Method of Plugging (attach a separate page	if additional space is needed):			
PLUG TO STATE RECOMMENDATIONS			RECEIVED	
	Annual Control of the		KANSAS CORPORATION COMMISSI	
Is Well Log attached to this application as required?	✓ Yes No Is ACO-1 fil	ed? Yes No	JAN 2 2 2007	
If not explain why?			CONSERVATION DIVISION	
			wichita, KS	
Plugging of this Well will be done in accordance	with K.S.A. 55-101 et. seg. and th	te Rules and Regulations of the S	tate Corporation Commission.	
List Name of Company Representative authorized to		CENNETH OF HAT		
The state of the s	be in things of plagging sporting	Phone: (785) 625	- 5891	
Address: P.O. BOX 641		City / State: HAYS, KS 676	501	
ALLIED CEMENTING		0000/-		
Address: P.O. BOX 31, RUSSELL, KS 67665	mpany Name)		(Contractor's)	
		Phone: ()		
Proposed Date and Hour of Plugging (if known?): _		0		
Payment of the Plugging Fee (K.A.R. 82-3-118) wi	111 2010 1	Agent .		
Date: 1-17-07 Authorized Operator	Agent: //////	(Signature)	AAA B	