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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 - 047-20329 000	(Identifier Number of this we	II). This must be listed for wells drilled sind	ce 1967; if no API # was issued,	
indicate original spud or completion date			3/	
Well Operator: Kenworthy Operating Company		KCC License #: 31656	KCC License #: 31656	
Address: 8906 E. Skelly Dr.	Company (vanic)	Tulsa	(Operator's)	
State: OK		Contact Phone: (918) 610	- 7790	
Lease: Zuercher	Well #:_2	Sec. 22 Twp. 24 S.	R. 16 East V West	
N/2 - NW - NE - SW spo	t Location / QQQQ Co	_{unty:} Edwards		
Feet (in exact footage) From 1700 Feet (in exact footage) From		arest outside section corner) Line of Section arest outside section corner) Line of Section		
Check One: Oil Well Gas Well	D&A Cathodic	Water Supply Well		
SWD Docket #	ENHR Docket # _	Other:		
Conductor Casing Size:	Set at:	Cemented with:	Sacks	
Surface Casing Size: 8-5/8", 20#/ft	Set at: 331'	Cemented with: 275	Sacks	
Production Casing Size: 4-1/2", 10.50#/ft	Set at: 4358'	Cemented with: 150	Sacks	
List (ALL) Perforations and Bridgeplug Sets: 6 perfs 12 perfs from 4257-4263	from 4308-4311, 8 perfs	from 4302-4306, CIBP at 4287, 1	2 perfs from 4267-4273,	
Elevation: 2065 (G.L. / K.B.) T.D.: 4360	PBTD:_4287	Anhydrite Depth:		
Condition of Well: Good Poor		(Stone C Junk in Hole	orral Formation)	
Proposed Method of Plugging (attach a separate page if a				
	. ,			
Is Well Log attached to this application as required? If not explain why?	✔ Yes No Is ACO-1 fi	led? 🗸 Yes 🗌 No		
		41-44		
Plugging of this Well will be done in accordance with	n K.S.A. 55-101 <u>et. seq</u> . and t	ne Rules and Regulations of the State C	orporation Commission.	
List Name of Company Representative authorized to b	e in charge of plugging operat	ions: William D. Kenworthy		
		Phone: (918) 610 - 77	'90	
Address: 8906 E. Skelly Dr.		City / State: Tulsa		
Plugging Contractor: to be determined		KCC License #		
Address:	any Name)	Phone:() -	(Contractor's)	
Proposed Date and Hour of Plugging (if known?): 12				
Payment of the Plugging Fee (K.A.R. 82-3-118) will b		Agent /		
Date: 11/18/03 Authorized Operator / A		D Janworks		
		(Signature)		