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OCT 01 2003
KCC WICHITA

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION

130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1(3/92)

WELL PLUGGING APPLICATION FORM

(PLEASE TYPE FORM and File ONE Copy)

15-009-23201-00-01

API # N/A (Identifier number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate spud or completion date.

WELL OPERATOR OIL PRODUCERS INC OF KANSAS KCC LICENSE # 8061
ADDRESS BOX 8647 2400 N WOODLAWM #2400 CITY WICHITA
STATE KS ZIP CODE 67208 CONTACT PHONE (316 681-0231)
LEASE UNRUH WELL# 1-24 SEC. 24 T. 20S R. 15W (East / West)
N/2 NE NE SPOT LOCATION/OOOO COUNTY BARTON

1/04

4950 S FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT lease line)
660E FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT lease line)

Check One: OIL WELL GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
SURFACE CASING SIZE 8 5/8 SET AT 883 CEMENTED WITH U/N SACKS
PRODUCTION CASING SIZE 5 1/2 SET AT 3674 CEMENTED WITH U/N SACKS

LIST ALL (PERFORATIONS and BRIDGEPLUG SETS: 3362-65 LANS 3424-30
ELEVATION 1921 T.D. 3675 PBTD 3500 ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)
CONDITION OF WELL: GOOD POOR _____ CASING LEAK _____ JUNK IN HOLE _____
PROPOSED METHOD OF PLUGGING as KCC requiers

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? u/n
If not explain why? not availb. to us

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seg. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Brian McCoy

PHONE# (316 729-9034)

ADDRESS 12849 W HENDRYX CT CITY/STATE WICHITA KS 67235

PLUGGING CONTRACTOR Quality Well Service KCC LICENSE # 31925
(company name) (contractor's)

ADDRESS 401 W Main Lyons ks 67554 PHONE # (620 727-3410)

8/04

PROPOSED DATE AND HOUR OF PLUGGING (If known?) asap

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE : 9/23/03 AUTHORIZED OPERATOR / AGENT: [Signature]
(signature)