STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado Derby Building Wichita, Kansas 67202

WELL PLUGGING APPLICATION FORM File One Copy

API NUMBER 15-163-22,842-00-00 (of this well)	•
(This must be listed; if no API# was issued, please	note drilling completion date.
LEASE OPERATOR DaMar Resources, Inc.	OPERATORS LICENSE NO. 9067
ADDRESS P. O. Box 70, Hays, KS 67601	PHONE # (913)625-0020
LEASE (FARM NAME) Lambert	WELL NO. 1
WELL LOCATION NW SW NE SEC. 29	
COUNTY Rooks TOTAL DEPTH 393	O FIELD NAME
check one: OIL WELL GAS WELL INPUT WELL SWD WEL	
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \underline{Y} (If not, explain) ACO-1 to be filed by operato	es IS ACO-1 FILED? NO
DATE AND HOUR PLUGGING IS DESIRED TO BEGIN as soon as	possible
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K REGULATIONS OF THE STATE CORPORATION COMMISSION.	.S.A. 55-128 OF THE RULES AND
NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARG	GE OF PLUGGING OPERATIONS:
Dean Calvin ADDRESS P. 0. 1	Box 1586, Great Bend, KS 67530
PHONE #_(316)792-2424	
PLUGGING CONTRACTOR White & Ellis Drilling, Inc.	LICENSE NO. 5420
ADDRESS 401 E. Douglas, Suite 500, Wichita, KsP	HONE # (316)263-1102
6720: INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOUL	
NAME Damar Resources, Inc.	
ADDRESS P. O. Box 70, Hays, KS 67601 PR	HONE #_(913)625-0020
AND PAYMENT WILL BE GUARANTEED BY APPLICANT OR ACTING AC	GENT.
	pplicant or Akting Agent) 12-30-85
	J V

120 Day

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State of Kansas

CARD MUST BE SIGNED

NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date	API Number 15— 163-22,842-00-00
OPERATOR: License # 9067 Name DaMar Resources, Inc. Address P. O. BOX 70 City/State/Zip Hays, K\$ 57601 Contact Person Daniel F. Schippers Phone (913) 625-0020 CONTRACTOR: License # 5420 Name White & Ellis Drilling, Inc. City/State Wichita, K\$ Well Drilled For: Well Class: Type Equipment: X Oil SwD Infield X Mud Rotary Gas Inj X Pool Ext. Air Rotary OWWO Expl Wildcat Cable If OWWO: old well info as follows: Operator Well Name Comp Date Old Total Depth. I certify that well will comply with K.S.A. 55-101, et seq., plus eventually cementing will be done immediately upon setting Date 12/6/85 Signature of Operator or Agent 19	NW SW NE Sec. 29. Twp. 9 S, Rg. 20 X West 3630 Ft. from South Line of Section 2310 Ft. from East Line of Section (Note: Locate well on Section Plat on reverse side) Nearest lease or unit boundary line 330 feet County Rooks Lease Name Lambert Well # 1 Ground surface elevation 2290 est. feet MSL Domestic well within 330 feet: yes X no Municipal well within one mile: X yes Surface pipe by Alternate: 1 yes X no Depth to bottom of fresh water 360 Depth to bottom of usable water 1000 Surface pipe planned to be set 400 Projected Total Depth 3,900 feet Formation Arbuckle
For KCC Use: Conductor Pipe Required feet; Minimum Surface Pip This Authorization Expires 6-9-86	Pee Required feet per Alt. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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