STATE OF KANSAS KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 South Market - Room 2078 Wichita, Kansas 67202

MAR 2 8 2000

FORMISERYATION/19/23/10/ Wichita, Kansas

WELL PLUGGING APPLICATION FORM

QU-00-OCBLEASE TYPE FORM and File ONE Copy)

API # $\frac{039-208 \cdot 940000}{\text{drilled since 1967; if no API# was issued, indicate spud or completion date.}$ WELL OPERATOR ADECO & CHAMBERS INC ____ KCC LICENSE # 8981 ADDRESS P O BOX 873 (owner/company name) (operator's) ___CITY HAYS STATE KS ZIP CODE 67601 CONTACT PHONE # (785, 625-6010 LEASE CHAMBERS D WELL# $\frac{5}{}$ SEC. $\frac{16}{}$ T. $\frac{2S}{}$ R. $\frac{24W}{}$ (East/West) __-__- SPOT LOCATION/QQQQ COUNTY DECATUR 4950 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line) 1082 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line) Check One: OIL WELL ___ GAS WELL ___ D&A X SWD/ENHR WELL ___ DOCKET#___ CONDUCTOR CASING SIZE _____ SET AT ____ CEMENTED WITH ___ SURFACE CASING SIZE 8 5/8 SET AT 210 CEMENTED WITH 175 SACKS PRODUCTION CASING SIZE 5 1/2 SET AT 3575 CEMENTED WITH 125 SACKS LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: PORT COLLAR @ CEMENTED W/ 350 SACKS T.D. 3555 PBTD _____ ANHYDRITE DEPTH 2133' - 2163' 2590 (Stone Corral Formation) CONDITION OF WELL: GOOD X POOR ____ CASING LEAK ____ JUNK IN HOLE ____ PROPOSED METHOD OF PLUGGING AS PER DISTRICT OFFICE INSTRUCTIONS. (If additional space is needed attach separate page) IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES IS ACO-1 FILED? If not explain why? 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. LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: DEAN IVES C/O ADECO & CHAMBERS INC. PHONE# () 625-7773 ___City/State___HAYS KS 67601 P O BOX 873 ADDRESS PLUGGING CONTRACTOR ____ ADECO & CHAMBERS INC ____ KCC LICENSE # 8981 (company name) (contractor's) ADDRESS P O BOX 873 PHONE # () 625-6010 PROPOSED DATE AND HOUR OF PLUGGING (If Known?) WHEN SERVICE COMPANIES ARE AVAILABLE. PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT DATE: 3-24-2000 AUTHORIZED OPERATOR/AGENT: (signature)