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STATE CORPORATION COMMISSION

DEC 18 2000 12-28-2000

CONSERVATION DIVISION
Wichita, Kansas

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)

API # 15-~~167-41-640~~ 163-20804-0000 (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 GLM COMPANY (owner/company name) KCC LICENSE # 3134 (operator's)

ADDRESS P.O. BOX 193 CITY RUSSELL

STATE KANSAS ZIP CODE 67665 CONTACT PHONE # (785) 483-2123

LEASE HAMEL WELL# 3 SEC. 7 T. 8 R. 20 (East (West))

NW/4 - NE/4 - NW/4 - ____ SPOT LOCATION/QQQQ COUNTY Rooks

330 FEET (in exact footage) FROM S (N) (circle one) LINE OF SECTION (NOT Lease Line)

1650 FEET (in exact footage) FROM E (W) (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL X GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET#____

CONDUCTOR CASING SIZE ____ SET AT ____ CEMENTED WITH ____ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 202' CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE 4 1/2" SET AT 3301 CEMENTED WITH 100 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3182-3243

ELEVATION 1958 (G.L./K.B.) T.D. 3485 PBTD 3255 ANHYDRITE DEPTH 1519-1551' (Stone Corral Formation)

CONDITION OF WELL: GOOD ____ POOR ____ CASING LEAK X JUNK IN HOLE X

PROPOSED METHOD OF PLUGGING As Per KCC Approval

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes

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:

Terry E. Morris PHONE# (785) 483-2123

ADDRESS P.O. Box 193 City/State Russell, Kansas 67665

PLUGGING CONTRACTOR Allied Cementing Company (company name) KCC LICENSE # 99996 (contractor's)

ADDRESS ____ PHONE # ( ) ____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) Unknown 12-21-00 plugged

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

DATE: 12/18/00 AUTHORIZED OPERATOR/AGENT: Terry E. Morris (signature)