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Peterson FF
1/23/03

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

FORM CP-1 (3/92)

KCC WICHITA

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 1516301400-0001 (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 JOHNSON OIL KCC LICENSE # 3077
ADDRESS 258 east highway 58 (owner/company name) CITY PHILLIPSBURG (operator's)

STATE KANSAS ZIP CODE 67661 CONTACT PHONE # (785) 543 6171

LEASE peterson WELL# 12 SEC. 22 T8 R19w (East/West)
-NW SW NW - SPOT LOCATION/0000 COUNTY Rooks county kansas

3630s FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

4950 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 10 3/4 SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 10 3/4 SET AT 187 CEMENTED WITH 200 SACKS

PRODUCTION CASING SIZE 7 1/2 and 5 1/2 SET AT 3449 CEMENTED WITH 200 and 300 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3205-3365 cement plug over arbucler

ELEVATION 2004 T.D. 3457 PBTD 3375 ANHYDRITE DEPTH 1420
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING TYE onto 5 1/2 casing pump hals 15 sack

225 sacks cement gel spacer theb presure to 500lbs .

tye onto 10 3/4 pump cement down backside until pressures 500

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? N/A IS ACO-1 FILED? YES

If not explain why? I have no log

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:

ALLIED CEMENTING RUSSELL KANSAS PHONE# () KEVIN JOHNSON

ADDRESS _____ City/State 785 543 6171

PLUGGING CONTRACTOR ALLIED CEMENTING KCC LICENSE # N/A
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (if Known?) DEC 26, 2003 plugged

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

DATE: DEC 21 2002 AUTHORIZED OPERATOR/AGENT: KEVIN JOHNSON
(signature)