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

FORM CP-1 Rev. 2/89

WELL PLUGGING APPLICATION FORM (File One Copy)

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API NUMBER $10-22-55$ (of this well). (This must be listed; if no API# was issued, please note drilling completion date.
WELL OWNER/OPERATOR Okmar 0il Company OPERATOR'S LICENSE NO. 5245
ADDRESS Box 723 Hays, Kansas 67601 PHONE # (913) 628 6101
LEASE (FARM) Sutor B WELL NO. 9 WELL LOCATION NE NE SE COUNTY Gra
SEC. 18 TWP. 9 RGE. 21 (E) or (W) TOTAL DEPTH 3804 PLUG BACK TD
Check One:
OIL WELL XX GAS WELL D&A SWD or INJ WELL DOCKET NO.
SURFACE CASING SIZE 8 5/8 SET AT 150 CEMENTED WITH N/A SACK
Casing size $\frac{5\frac{1}{2}}{}$ set at $\frac{3800}{}$ cemented with $\frac{N/A}{}$ sack
PERFORATED AT
CONDITION OF WELL: GOOD XX POOR CASING LEAK JUNK IN HOLE
PROPOSED METHOD OF PLUGGING Plugging will be done in accordance with the rules and
regulations of the Kansas Corporation Commission.
(If additional space is needed use back of form.)
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? IS ACO-1 FILED?
DATE AND HOUR PLUGGING IS DESIRED TO BEGIN ASAP
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND TH RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.
NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Mr. Ted Crawford PHONE # (913) 628 6101
ADDRESS Box 723 Hays, Kansas 67601
PLUGGING CONTRACTOR Okmar 0il Company LICENSE NO. 5245
ADDRESS Box 723 Hays, Kansas 67601 PHONE # (913) 628 6101
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OF AGENT
STENED:
5-10-90 (Operator or Agent)
DATE: 5-9-90