KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

API # **15** - **063-20410 -OO -OO** _____ (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date **4-15-79** _____ .

Well Operator: ~~Westar Energy Corp.~~ **Red Boot Production** _____ KCC License #: **32740** _____
(Owner / Company Name)   (Operator's)

Address: **Box 216** _____ City: **Stafford** _____

State: **KS** _____ Zip Code: **67578** _____ Contact Phone: (**620**) **234** - **6940** _____

Lease: **Thornburg** _____ Well #: **M-1** _____ Sec. **35** _____ Twp. **15** _____ S. R. **26** _____ ☐ East ☑ West

_____ - **SE** - **SE** - **SW** _____ Spot Location / QQQQ   County: **Gove** _____

330 _____ Feet (in exact footage) From ☐ North / ☑ South (from nearest outside section corner) Line of Section (Not Lease Line)

2970 _____ Feet (in exact footage) From ☐ East / ☐ West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: ☑ Oil Well ☐ Gas Well ☐ D&A ☐ Cathodic ☐ Water Supply Well

☐ SWD Docket # _____ ☐ ENHR Docket # _____ ☐ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: **8 5/8"** _____ Set at: **300** _____ Cemented with: **200** _____ Sacks

Production Casing Size: **4 1/2"** _____ Set at: **4560** _____ Cemented with: **300** _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: **4492' - 4502' MISS** _____

Elevation: **2580'** (☐ G.L. / ☑ K.B.) T.D.: **4560'** PBTD: _____ Anhydrite Depth: _____
                                                                                            (Stone Corral Formation)

Condition of Well: ☐ Good ☐ Poor ☐ Casing Leak ☐ Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): **as KCC requires** _____

Is Well Log attached to this application as required? ☐ Yes ☑ No Is ACO-1 filed? ☑ Yes ☐ No

If not explain why? **NA** _____

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: **Janet Gee**

Phone: (**620**) **234** - **5136**

Address: **Box 216** _____ City / State: **Stafford, KS** _____

Plugging Contractor: **Quality Well Service** _____ KCC License #: **31925** _____
(Company Name)   (Contractor's)

Address: **190th U.S. Highway 56 Ellinwood, KS 67526** _____ Phone: (**620**) **727** - **3410** _____

Proposed Date and Hour of Plugging (if known?): ~~ASAP~~ **1|16|08** _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: **12-14-07** _____ Authorized Operator / Agent: *Janet L Gee* Operator
                                                                    (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Well plugged-KCC-Dis

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