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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

Please TYPE Form and File ONE Copy

indicate original spud or completion date Roberts Resources Inc		781
Well Operator: Roberts Resources, Inc. (Owner/Company Name)	KCC License #: 32	(Operator's)
Address: 520 S. Holland, Suite 207	City: Wichita	
State: Kansas Zip Code: 67209	Contact Phone: (316)	721 - 2817
Lease Dargel Well # 2	Sec. 9 Twp. 29	_ S. R. <u>18</u> East ✓ West
NE - SE - SW - SE Spot Location / QQQQ County:	Kiowa	
	t outside section corner) Line of Se t outside section corner) Line of Se /ater Supply Well	
SWD Docket # ENHR Docket #	Oth	er:
Conductor Casing Size: Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8" Set at: 643	Cemented with: 275	Sacks
Production Casing Size: 4 1/2" Set at: 4902	Cemented with: 175	Sacks
List (ALL) Perforations and Bridgeplug Sets: OH 4902' to 4908'		
Elevation: 2209 (G.L. / K.B.) T.D.: 4908 PBTD: 4902 Anhy	vdrite Depth: 1140'	Stone Corral Formation)
Condition of Well: Good Poor Casing Leak Junk	k in Hole	ione Corral romation)
Proposed Method of Plugging (attach a separate page if additional space is needed): As per	KCC requirements	
		RECEIVED KANSAS CORPORATION COMMISSION
Is Well Log attached to this application as required? Yes V No Is ACO-1 filed?	✓ Yes No	JUN 2 4 2008
If not explain why?		CONSERVATION DIVISION WICHITA, KS
Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the F		ate Corporation Commission.
List Name of Company Representative authorized to be in charge of plugging operations Cell # 316-215-1683		- 2817
The state of the s	_ Filone	
Address: 520 S. Holland, Suite 207 City / State: Wichita, Kansas 67209		5 07209
Plugging Contractor: Mike's Testing & Salvage, Inc. (Company Name)	KCC License #: 31529 (Contractor's)	
Address: Box 467 Chase Kansas 67524	_ Phone: (620) 938	- 2943
Proposed Date and Hour of Plugging (if known?):		
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Age Date: 4/23/08 Authorized Operator / Agent: Agent:	ent	

Westob 6/25/08

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

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(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_ Well Operator: Roberts Resources, Inc. (Owner / Company Name) (Operator's) Address: 520 S. Holland, Suite 207 __ _{City:_}Wichita State:_Kansas ____ Zip Code: 67209 _____ Contact Phone: (316) 721 Lease Dargel Sec. 9 Twp. 29 S. R. 18 ☐ East ✓ West _____ Well #: ,2 NE Kiowa Spot Location / QQQQ County: 400 Feet (in exact footage) From North / V South (from nearest outside section comer) Line of Section (Not Lease Line) 1520 West (from nearest outside section corner) Line of Section (Not Lease Line) ✓ East / Feet (in exact footage) From Check One: Oil Well ✓ Gas Well D&A Cathodic Water Supply Well ENHR Docket # ___ Other: ____ _____ Set at: _ Cemented with: Conductor Casing Size:_ Sacks Surface Casing Size: 8 5/8" _____ Set at: 4902 Production Casing Size: 4 1/2" _____ Cemented with: 175 List (ALL) Perforations and Bridgeplug Sets: OH 4902' to 4908' Elevation: 2209 ([G.L./ [K.B.) T.D. 4908 PBTD. 4902 ____ Anhydrite Depth: _1140' (Stone Corral Formation) √ Good Junk in Hole Condition of Well: Poor Casing Leak Proposed Method of Plugging (attach a separate page if additional space is needed): As per KCC requirements RECEIVED Yes ✓ No Is ACO-1 filed? ✓ Yes No HIN 2 4 2008 Is Well Log attached to this application as required? If not explain why? _ CONSERVATION DIVISION WICHITA, KS 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: Kent Roberts Cell # 316-215-1683 __ Phone: (316) 721 - 2817 Address: 520 S. Holland, Suite 207 ___ City / State: Wichita, Kansas 67209 Plugging Contractor: Mike's Testing & Salvage, Inc. _____ KCC License #: 31529 (Company Name) Phone: (620 ·) 938 - 2943 Address: Box 467 Chase Kansas 67524 Proposed Date and Hour of Plugging (if known?): ____ Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Authorized Operator / Agent:_