

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

API # 15-179-21,062-00-00 (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 Galloway Petroleum Exploration, Inc. KCC LICENSE # 4661
(owner/company name) (operator's)

ADDRESS 105 S. Broadway, #360 CITY Wichita,

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 267-7355

LEASE Simon WELL# 1-22 SEC. 22 T. 9S R. 26 (East/West)

N/2 - NW - NE - SPOT LOCATION/QQQQ COUNTY Sheridan

4950 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1980 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 269' CEMENTED WITH 175 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2674' 2679' T.D. 4200' PBTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? No

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:

K. Scott Branum PHONE# (913)-483-5345

ADDRESS 105 S. Broadway, #360 City/State Wichita, KS 67202

PLUGGING CONTRACTOR Emphasis Oil Operations KCC LICENSE # _____
(company name) (contractor's)

ADDRESS P. O. Box 506, Russell, KS 67665-0506 PHONE # (913)-483-5345

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 11:00 p.m. on 2-16-93

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

DATE: 2-16-93 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

RECEIVED
STATE CORPORATION COMMISSION
02-22-1993
FEB 22 1993
CONSERVATION DIVISION
Wichita, Kansas