

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

FORM CP-1
Rev. 03/92

Rec'd
7-8-94

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

API # 15-193-20622-00-00 (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 Black Petroleum Company KCC LICENSE # 30407
(owner/company name) (operator's)

ADDRESS P. O. Box 12922 CITY Wichita

STATE Kansas ZIP CODE 67277 CONTACT PHONE # (316) 942-2741

LEASE Nye WELL# 2 SEC. 36 T. 9S R. 32 ~~XXX~~/West)

- NE - SE - SE SPOT LOCATION/XXXX COUNTY Thomas

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

330 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 8 5/8" SET AT 315' CEMENTED WITH 190 SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH 2616'
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Per KCC requirements

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes

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:

James Cromwell PHONE# () 316-792-2424

ADDRESS P. O. Box 1586 City/State Great Bend, KS 67530

PLUGGING CONTRACTOR White & Ellis Drilling, Inc. KCC LICENSE # 5420
(company name) (contractor's)

ADDRESS P. O. Box 1586 PHONE # () 316-792-2424
Great Bend, KS 67530

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4-27-94. 5:45 p.m.

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

DATE: 4-29-94 AUTHORIZED ~~OPERATOR~~ AGENT: Michael D. Corsidine
(signature)