

LEASE NAME Herbel

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

WELL NUMBER # 1

330' Ft. from (S) Section Line

2190' Ft. from (E) Section Line

SEC. 28 TWP. 9S RGE. 33 (E) or (W)

COUNTY Thomas

Date Well Completed 2-24-77

Plugging Commenced 11-21-95

Plugging Completed 11-21-95 121 P.M.

LEASE OPERATOR Paul Bowman Oil Company

ADDRESS 801 Codell Road Codell, Kansas 67663

PHONE# (913) 434-2633 OPERATORS LICENSE NO. 31008

Character of Well OIL

(Oil, Gas, O&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 11-21-95 (date)

by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet.

RECEIVED
 JAN 11 1996
 CONSERVATION DIVISION
 WICHITA, KANSAS

Name of Plugging Contractor Allied Cementing License No. N/A

Address P.O. Box 31 Russell, Kansas 67665

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Paul Bowman

STATE OF Kansas COUNTY OF Books, ss.

Terresa M. Bowman (Employee of Operator) or (Operator) o

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts

statements, and matters herein contained and the log of the above-described well as filed the

the same are true and correct, so help me God.

(Signature) Terresa M. Bowman

(Address) 801 Codell Rd. 2 Codell KS 67663

SUBSCRIBED AND SWORN TO before me this 9th day of January, 19 96

Paulette M. Wehrli Notary Public

USE ONLY ONE SIDE OF EACH FORM

NOTARY PUBLIC - State of Kansas
 PAULETTE M. WEHRLI
 My Appt. Exp. 5-13-96

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

RECEIVED FORM CP-1
STATE CORPORATION COMMISSION REV. 03/92

JAN 11 1996

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)
CONSERVATION DIVISION
Wichita, Kansas

API # _____ (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 _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

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

_____ 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ 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? _____ IS ACO-1 FILED? _____

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:

_____ PHONE# () _____

ADDRESS _____ City/State _____

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

ADDRESS _____ PHONE # () _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)