

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

API # 15-193-206460000 (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 White & Ellis Drilling, Inc. KCC LICENSE # 5420

ADDRESS P. O. Box 48848 (owner/company name) CITY Wichita (operator's)

STATE Kansas ZIP CODE 67201-8848 CONTACT PHONE # (316) 263-1102

LEASE Gustafson WELL# 1-28 SEC. 28 T. 10S R. 33 ~~East~~/West)

App - SW - SW - SW SPOT LOCATION/QQQQ COUNTY Thomas

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

440 FEET (in exact footage) FROM X/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 331' CEMENTED WITH 190 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 3150 GL T.D. 4750' PSTD _____ ANHYDRITE DEPTH 2640'
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Per KCC requirements

4-16-96

(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:

Don Demel PHONE# () 316-792-2424

ADDRESS P. O. Box 1586 city/state Great Bend, KS 67530-1586

PLUGGING CONTRACTOR White & Ellis Drilling, Inc. KCC LICENSE # 5420

ADDRESS P. O. Box 48848 (company name) PHONE # () 316-263-1102
Wichita, KS 67201-8848 (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (if known?) 3-30-96 11:30 a.m.

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

DATE: 4-2-96 AUTHORIZED OPERATOR/AGENT: Michael S. Conidine
(signature)

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