

Please Renew

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KANSAS CORPORATION COMMISSION

MAY 3 2001

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

CONSERVATION DIVISION
FORM CP-1 (3/92)

15-101-20966-0000
WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-101-21115 (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 Apollo Enclines Inc KCC LICENSE # 30481
(owner/company name) (operator's)

ADDRESS 10378 N. Hwy 281 CITY PRATT

STATE KANSAS ZIP CODE 67124 CONTACT PHONE # (316) 672-9001

LEASE Cox "B." WELL# 1 SEC. 35 T. 16 R. 30 (East/West)

C - NW - NW SPOT LOCATION/QQQQ COUNTY Laine

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

640 330 FEET (in exact footage) FROM S/W (circle one) LINE OF SECTION (NOT Lease Line)

KCC well/RRDms
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 369 CEMENTED WITH 225 SACKS

PRODUCTION CASING SIZE 4 1/2" SET AT 4240 CEMENTED WITH 125 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2858 T.D. 4640 PBD 42 ANHYDRITE DEPTH 2230
(G.E.:K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK Possible JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Per KCC Regulations

(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? None in well file's will check with KS. Geological

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:

Jim Byers PHONE# (316) 672-9001

ADDRESS 10378 N. Hwy 281 City/State Pratt KS 67104

PLUGGING CONTRACTOR Unknown at this time 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: 5-2-01 AUTHORIZED OPERATOR/AGENT: Jim Byers
(signature)