RECEIVED

JAN 2 6 2004

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

KCC WICHITA

API # 15 - 065-03240 -000	(Identifier Number of this wel	l). This must be listed for wells di	rilled since 1967; if no API # was issued,	
indicate original spud or completion date 2/4/58	*		03553	
(Owner / Company Name)		KCC License #: 03553 (Operator's)		
Address: P O Box 690688		_{City:} Houston		
	Zip Code: 77269			
Lease: Elrick Unit	Well #:_7-3	Sec. 10 Twp. 10) S. R. <u>25</u>	
<u>NE</u> - <u>SW</u> - <u>SW</u> -	Spot Location / QQQQ Cou	_{inty:} Graham		
990 Feet (in exact footage) From	North / ✓ South (from ne.	arest outside section corner) Line o	of Section (Not Lease Line)	
990 Feet (in exact footage) From	East / V West (from ne	arest outside section corner) Line o	of Section (Not Lease Line)	
Check One: 🗸 Oil Well 📗 Gas Well	D&A Cathodic	Water Supply Well		
SWD Docket #	ENHR Docket # _		Other:	
Conductor Casing Size:	Set at:	Cemented with:	Sacks	
Surface Casing Size: 8 5/8	Set at: 196	Cemented with: 1	15 Sacks	
Production Casing Size: 5 1/2	Set at: 4014	Cemented with: 1	00 Sacks	
List (ALL) Perforations and Bridgeplug Sets: 3792				
Condition of Well: Good Poor Proposed Method of Plugging (attach a separate page		Junk in Hole per KCC guidelines.		
Is Well Log attached to this application as required? If not explain why? Unknown if ACO-1 filed as	✓ Yes No Is ACO-1 files there is not one in our well t		illy called the Mary Dinkle "B" #3.	
Plugging of this Well will be done in accordance v	with K.S.A. 55-101 <u>et, seq</u> . and ti	ne Rules and Regulations of the	State Corporation Commission.	
List Name of Company Representative authorized to	be in charge of plugging operati	ons: Jeff Lewis	·	
·	are an enemge of proggang operati	_{Phone:} (405) 681	- 9400	
Address: 3501 South Lake Drive		City / State: Oklahoma		
Plugging Contractor: To-be determined Allied Cementina		Q C	99001	
Flugging Contractor. (Co	mpany Name)	KCC License #:	(Contractor's)	
Address:	2004	Phone:()	-	
Proposed Date and Hour of Plugging (if known?):	2004			
Payment of the Plugging Fee (K.A.R. 82-3-118) wil	Il be guaranteed by Operator or	Agent		
Date: 1/23/04 Authorized Operator	Agent: TOLO1	(Signature)	THAT MAN A STATE OF THE STATE O	