

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

159-03657-0000

OPERATOR: License #: 5610
Name: Bruce Oil Company, L.L.C.
Address 1: 1704 Limestone Rd
Address 2: _____
City: McPherson State: KS Zip: 67460 + _____
Contact Person: Lonny Bruce
Phone: (620) 241-2938

API No. 15 - None
If pre 1967, supply original completion date: 6-22-56
Spot Description: _____
approx. NE-NE-SE Sec. 32 Twp. 20 S. R. 7 East West
2,310 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rice
Lease Name: Barker Well #: 3

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D-5550 ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 227 Cemented with: _____ Sacks
Production Casing Size: 5 1/2 Set at: 3743 Cemented with: 50 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1624 (G.L. / K.B.) T.D.: 4000 PBTD: _____ Anhydrite Depth: unknown
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Plug off bottom of pipe, spot cement, pull pipe, set cement plugs up hole and plug surface as directed by state KCC representative.
KANSAS CORPORATION COMMISSION

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Not required in 1956.

MAY 01 2009

RECEIVED

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

Company Representative authorized to supervise plugging operations: Lonny Bruce

Address: 1704 Limestone Rd City: McPherson State: KS Zip: 67460 + _____

Phone: (620) 241-2938

Plugging Contractor License #: 30280 Name: Sunflower Well Service

Address 1: Box 341 Address 2: _____

City: Canton State: KS Zip: 67428 + _____

Phone: (620) 628-4723

Proposed Date of Plugging (if known): 4-10-09-10:15 AM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: April 30, 2009 Authorized Operator / Agent: _____

Lonny Bruce
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Well plugged - KCC-PKT

Dist 2
PKT