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

OPERATOR: License #: 5552	RATOR: License #: <u>5552</u>		;
Name: Gore Oil Company		If pre 1967, supply original completion date:	
Address 1: P.O. Box 2757		Spot Description: C N/2 SE SW	
ldress 2:		N/2-SE_SW Sec. 9 Twp. 10 S. R. 17 East ✔ West	
City:		990 Feet from North / South Line of Section	
Contact Person: Larry M. Jack		3300 Feet from	West Line of Section
Phone: (316_) _263-3535		Footages Calculated from Nearest Outside Section	1
Filolie. (0.10) _2002000		NE NW SE ✓ SW	
		County: Rooks Lease Name: Fritts Well:	
	* · · · · · · · · · · · · · · · · · · ·	Lease Name. I (1880) Well i	F
Check One: Oil Well Gas Well OG	D&A Cathodic	Water Supply Well Other:	
SWD Permit #:	ENHR Permit #:	Gas Storage Permit #:	
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8"	Set at: 257'	Cemented with: 150	Sacks
Production Casing Size: 4 1/2"			
List (ALL) Perforations and Bridge Plug Sets:			
3552-3558'; 3542-3547'	1		:
Elevation: 2079 (G.L. / J.K.B.) T.D.: 3690'	PBTD: Anl	hydrite Depth: 1340'	
Condition of Well: Good Poor Junk in Hole		(Sione Corrai Formati	on)
Proposed Method of Plugging (attach a separate page if additio	(Int	erval)	J i
As per KCC Agent's instructions			
9-11-11-11-11-11-11-11-11-11-11-11-11-11			RECEIVED
Is Well Log attached to this application? Yes No			•
If ACO-1 not filed, explain why:	is ACO-1 filed? Y res	NO	MAY 2.6 2009
TI ACC-1 THE LINE OF THE WHY.			CC WICHITA
	· · · · · · · · · · · · · · · · · · ·	<i>r</i>	CC MICHINI
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 or	perations: Lenny Dinkel		
Address: 2221 Felton	City: _l	Hays State: KS_ zip: _676	01+
Phone: (785) 259-1928			
Plugging Contractor License #: Allied Cementing (
Address 1: P.O Box 31	Addres	s 2:	
		State: KS Zip: 6766	<u>5 + 0031</u>
Phone: (785 .) 483-2627	2/20 01		1
Proposed Date of Plugging (if known): 5/2	7/09 9:000	770	X
Parameter of the Pharming For (ICA D. 00 0.440).			
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Date: 5-22-09 Authorized Operator / Agent: Authorized Operator /			
Authorized Operator / Agent: (Signature)			
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202			
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 **Well plugged - KCC - PKT			