KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

VELL 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 #: _5663	API No. 15 - 195-22,335-00-00				
Name: Hess Oil Company	If pre 1967, supply original completion date: Spot Description:140' S,				
Address 1: P. O. Box 1009					
Address 2:					
City: McPherson State: KS 2					
Contact Person: Bryan Hess					
Phone: (620) 241-4640		· —	NW:		ner:
		Lease Name: W6	erth	Well #: 1_	
Check One: ✓ Oil Well Gas Well OG	D&A Cathodic	Water Supply W	ell Oth	er:	
SWD Permit #:	ENHR Permit #:		Gas Storage P	ermit #:	
Conductor Casing Size:	Set at:	Cemented	with:	1	Sacks
Surface Casing Size: 8-5/8"	Set at: 211'	Cemented	with: <u>160</u>		Sacks
Production Casing Size: <u>5-1/2"</u>	Set at: <u>4139'</u>	Cemented with: Sacks			
List (ALL) Perforations and Bridge Plug Sets:					
Open hole 4139'-4142'					
Elevation: <u>2208' (G.L./ , K.B.)</u> T.D.: <u>4149'</u>	PBTD: <u>4142'</u> Anh	ydrite Depth: <u>155</u>	69'-1599' (Stor	ne Corral Formation)	
Condition of Well: Good Poor Junk in Hole		rval)			= •
Proposed Method of Plugging (attach a separate page if addition				RECEIVED	
per District office instructions				WW 56 3	3. ₹ ₽
Is Well Log attached to this application? Yes 🕢 No	Is ACO-1 filed? 🗸 Yes 🗌	No		KCC MICH	
If ACO-1 not filed, explain why:					
Plugging of this Well will be done in accordance with K.S.	A. 55-101 et. seg. and the Rules	and Regulations of t	he State Corpo	ration Commission	
Company Representative authorized to supervise plugging op			•		
Address: c/o main office	City:		State:	_ Zip:	_+
Phone: (785) 731-5615					
Plugging Contractor License #: _5663	Hess Oil Com	pany			
Address 1: P. O. Box 1009	Address	s 2:			
City: McPherson			State: KS	zip: <u>67460</u>	+ <u>_1009</u> \
Phone: (620_) _241-4640	~/. / 0				\sim
Proposed Date of Plugging (if known): Immediately	5/39/09	**		<u></u>	$-\frac{\lambda}{1}$
Daniel Annual Control of the Control		0	7/		(Ya)
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua Date: 5/28/2009 Authorized Operator / Agent		Super L	en		ON RA
*Well P	LUGGED - KC ation Division, 130 S. Market	- Room 2078, Wichi	•	202	