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

API #_ 15 - 101 - 22017 - 0000	(Identifier Number of this well).	. This mus	t be listed for wells d	rilled since 1967; if no API #	was issued,	
Indicate original spud or completion date 4/2	1/07					
Well Operator: White Rock Oil, LLC			KCC License #: 33934			
Address: 10603 S. Waverly St		City: Olathe (Operator's)				
state: Kansas	Zip Code: 66061	Conta	ct Phone: <u>(913</u>	1709-6693		
Lease: Farr	Well #: 28-2	Se	c. 28 Twp. 1	6 s. R. 27 □E	ast ^{VV} West	
CE/2 - SW - SE		1	ane		1	
	North / X South (from near	root outoido	anting and Line s	of Continu (Alas I agas I in)		
1650				of Section (Not Lease Line)		
	D&A Cathodic		•	Total Louis Line		
SWD Docket #		Water Sup		Other:		
			160 common			
Surface Casing Size: 8 5/8				3 Gel	Sacks	
					Sacks	
Production Casing Size: none		MOICCHIL	_ Cemented with:		Sacks	
List (ALL) Perforations and Bridgeplug Sets:	JUN 2 4 200		 , 			
	RECEIVE					
Elevation: (G.L./ K.B.) T.D.:	PBTD: Ar	nhydrite De	pth:	(Stone Corral Formation)		
Condition of Well: XX Good Poor	Casing Leak	unk in Hole				
Proposed Method of Plugging (attach a separate page	if additional space is needed):				 	
		·				
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Is Well Log attached to this application as required?	X Yes No Is ACO-1 file	d? Ye	s 🔀 No			
If not explain why? well not comp	leted					
Plugging of this Well will be done in accordance	with K.S.A. 55-101 et. seq. and the	Rules and	i Regulations of the	State Corporation Commi	ission.	
List Name of Company Representative authorized t	o be in charge of plugging operatio	ns:Do	n Parr Jr.		_	
		Phone	913) 70	9-6693		
Address: 10603 S. Waverly St			•	, Ks 66061	-	
Plugging Contractor: Allied Cement		•	icense #: NA			
Address: P.O. Box 31, Russell	ompany Name)	Phone		(Contractor's)		
Proposed Date and Hour of Plugging (if known?):		-		02		
Payment of the Plugging Fee (K.A.R. 82-3-118) wi			V/ 1/	-	# 1	
Date: Authorized Operator	////		OAM	$\wedge i$	ر' لإ	
·			(Signature)	D.O.	VI	
Mail to: KCC - Cons	servation Division, 130 S. Marke	t - Room	2078, Wichita, Kan <i>Pとエ</i>	sas 67202	Y .	