

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

15-163 - 21412-0000

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # Comp 8-27-81 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Paxco, Inc. KCC LICENSE # 8507
(owner/company name) (operator's)

ADDRESS 8920 Peppertree Circle CITY Wichita

STATE Kansas ZIP CODE 67226 CONTACT PHONE # (316) 634-1714

LEASE Whisman WELL# 3 SEC. 36 T. 10S R. 17 (East West)

SE - SW - NE SPOT LOCATION/QQQQ COUNTY Rooks

2310 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1650 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 217 Ft. CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 3561 CEMENTED WITH 250 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3392/96; 3400/04; 3408/12; 3416/20 3346/52; 3320/23
3297-3302; 3260/65; 3248/54; 3208/12

ELEVATION 1915 CL T.D. 3565 PSTD _____ ANHYDRITE DEPTH 1130
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK JUNK IN HOLE Tubing

PROPOSED METHOD OF PLUGGING Common cement to surface

RECEIVED
KANSAS CORPORATION COMMISSION
7-19-94
JUL 19 1994

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes Yes CONSERVATION DIVISION
WICHITA, KS

If not explain why? _____

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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Herman Eilers, Jr. PHONE# (913) 434-2072

ADDRESS 429 SE 3rd City/State Plainville, Kansas

PLUGGING CONTRACTOR Allied Cement KCC LICENSE # _____
(company name) (contractor's)

ADDRESS Russell, Kansas PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (if known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-114) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 7-9-94 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)