

RECEIVED
04-10-2003
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KCC WICHITA

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas. 67202

FORM CP-1 (3/92)

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

API # 15-195-20-618-00-00 (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 Craig Oil Company KCC LICENSE # 31341
ADDRESS 15 South MAIN CITY Russell

STATE KANSAS ZIP CODE 67665 CONTACT PHONE # (785) 483-1543

LEASE STabb # WELL# 2 SEC. 28 T. 12 R. 21 (East/West)
NE-NE-NE SPOT LOCATION/QQQQ COUNTY Trego

4950 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

330 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 213 CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4001 CEMENTED WITH 150 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2238 / 2244 T.D. 2075 PBTD _____ ANHYDRITE DEPTH 1645
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Down casing

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

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:

Ward Craig PHONE# (785) 483-1543

ADDRESS 15 South MAIN City/State Russell KANSAS

PLUGGING CONTRACTOR Allied KCC LICENSE # None Required
(company name) (contractor's)

ADDRESS Allied Box 31 PHONE # (785) 483-2627

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4-10-03 Plugged

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)