

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 # \_\_\_\_\_ (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 Denis Roberts / Roberts Bros oil KCC LICENSE # 4220  
(owner/company/ name) (operator's)

ADDRESS Box 125<sup>2</sup> 3904 Fairway Dr. CITY Hays

STATE KANSAS ZIP CODE 67601 CONTACT PHONE # (913) 625-8526

LEASE Armbruster "A" WELL# 1 SEC. 6 T. 12, R. 20W (East/West)

NE - NE SPOT LOCATION/QOOO COUNTY Ellis

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

\_\_\_\_\_ 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 249 CEMENTED WITH 165 SACKS

PRODUCTION CASING SIZE 9 1/2 SET AT 3900 CEMENTED WITH 125 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION 2218' ? T.D. 3850 PBTD \_\_\_\_\_ ANHYDRITE DEPTH 1600  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING As per DIST #4 plug prep.

(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? Not Available

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:

Denis F. Roberts PHONE# (913) 625-8526

ADDRESS 3904 Fairway Dr City/State Hays KS

PLUGGING CONTRACTOR allid emls KCC LICENSE # 1995-1995  
(company name) (contractor's)

ADDRESS Russell, KS PHONE # ( ) \_\_\_\_\_

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 12-20-95

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

DATE: 4-12-95 AUTHORIZED OPERATOR/AGENT: Denis F. Roberts  
(signature)

RECEIVED  
KANSAS CORPORATION COMMISSION  
DEC 12 1995