

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL 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 #: 33453
Name: Stephen C. Jones
Address 1: 12 N Armstrong
Address 2: _____
City: Bixby State: OK Zip: 74008 + _____
Contact Person: Stephen C. Jones
Phone: (918) 366-3710

API No. 15 - 031-22416-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
-SW SE NE Sec. 30 Twp. 22 S. R. 14 East West
2.210 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Anliker Well #: 1A

RECEIVED
MAR 10 2010

KCC WICHITA

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: N/A Set at: N/A Cemented with: N/A Sacks
Surface Casing Size: 8 5/8" Set at: 40 Cemented with: 20 Sacks
Production Casing Size: N/A Set at: N/A Cemented with: N/A Sacks

List (ALL) Perforations and Bridge Plug Sets:
N/A

Elevation: 1200 (G.L. / K.B.) T.D.: 1483.14' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Plugged through use of drill pipe with 57 sks cement at 214' to surface, 10 sks at 608' with 2 sks of gel, and 10 sacks at 1483.14 with 2 sks of gel.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Well was not logged

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

Company Representative authorized to supervise plugging operations: Steve Jones

Address: 12 North Armstrong City: Bixby State: OK Zip: 74008 + _____

Phone: (918) 366-3710

Plugging Contractor License #: 33453 Name: JONES, STEPHEN C.

Address 1: 12 N. ARMSTRONG Address 2: _____

City: BIXBY State: OK Zip: 74008 + 4446

Phone: (____) _____

Proposed Date of Plugging (if known): 2-3-10 Alr. plugged 3/02/10

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 3-8-10 Authorized Operator / Agent: Stephen C. Jones
(Signature)

*KCC
No Hts.*