

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

T-1 rec'd 4/03/10

Form CP-1
March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 33005 30009
Name: Randon Production Company, Inc.
Address 1: 2761 Remington
Address 2: _____
City: Marion State: KS Zip: 66861 + 9487
Contact Person: Kathy Svitak
Phone: (620) 924-5437

API No. ~~15~~ 15-041-20017-00-02 *KCC*
If pre 1967, supply original completion date: 1948
Spot Description: _____
C NW SE SE Sec. 34 Twp. 16 S. R. 4 East West
990 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: DICKINSON
Lease Name: DAETWILER Well #: 1

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 8 5/8" Set at: 124 Cemented with: 70 Sacks
Surface Casing Size: 5 1/2 Set at: 2317 Cemented with: 100 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: 2354 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):

Sand bottom to 50' above open hole (2267'). Put 5 sx cement on top of sand, stretch 5 1/2, shoot and pull as much as possible.

Run 2" tubing down to 250' and circulate cement to top.

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

If ACO-1 not filed, explain why:

N/A

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: RANDON PROD. CO. INC. Kathy Svitak

Address: 2761 REMINGTON City: MARION State: KS Zip: 66861 + 9487

Phone: (620) 381-1856

Plugging Contractor License #: 33005 Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): A.S.A.P. Plugged 4/07/10

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

Date: 3/30/10 Authorized Operator / Agent: Kathy Svitak *Kathy Svitak*
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

MAY 03 2010

KCC WICHITA

Dist. 2

No ltr. - Alr Plugged