

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-169-20,296 -00-00 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Excalibur Production Co., Inc. OPERATORS LICENSE NO. 5330
ADDRESS 523 W. Kansas, P.O. Box 278, McPherson, Ks. 67460 PHONE # (316) 241-1250
3630' FSL & 3630' FEL
LEASE (FARM) Vaupel WELL NO. 1 WELL LOCATION _____ COUNTY Saline
SEC. 8 TWP. 13 RGE. 1W (E) or (W) TOTAL DEPTH 3092' PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A X SWD or INJ WELL _____ DOCKET NO. _____
SURFACE CASING SIZE 8 5/8" SET AT 213' CEMENTED WITH 150 SACKS
CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
PERFORATED AT _____

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? _____
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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.

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

PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR BLACKSTONE DRILLING, INC. LICENSE NO. 5927

ADDRESS P.O. Box 1184, McPherson, Kansas 67460 PHONE # (316) 241-1250
EXCALIBUR PRODUCTION CO., INC.

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: BY: Juanita Flood
(Operator or Agent) Sec - Treas.

DATE: 3/14/88