

RECEIVED  
STATE CORPORATION COMMISSION

MAR 6 1986

CONSERVATION DIVISION  
Wichita, Kansas

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)

4/87

API NUMBER 15-195-21526-00-00 (of this well)  
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Strata Energy Resources Corp. OPERATORS LICENSE NO. 7875  
4101 Birch St., Suite 130  
ADDRESS Newport Beach, CA, 92660 PHONE # ( ) \_\_\_\_\_

LEASE (FARM) Denning WELL NO. 1 WELL LOCATION NE NW NW COUNTY Trego  
SEC. 20 TWP. 13s RGE. 21w (S) or (W) TOTAL DEPTH 4015' PLUG BACK TO 3977'

**Check One:**

OIL WELL  GAS WELL \_\_\_\_\_ D & A \_\_\_\_\_ SWD or INJ WELL \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

SURFACE CASING SIZE 8-5/8" SET AT 216' CEMENTED WITH circulated SACKS \_\_\_\_\_

CASING SIZE 5 1/2" SET AT 4013' CEMENTED WITH 150 SACKS \_\_\_\_\_

D.V. @ 1658' w/400 sx - circulated

PERFORATED AT 3913-28; 3736'

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL \_\_\_\_\_

Will plug according to the rules & regulations of State of Kansas

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? No IS ACO-1 FILED? \_\_\_\_\_  
(If not, explain) The District # 6 worksheet is attached

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN Immediately

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:

Robert A. "Wally" Wahlmeier PHONE # (913)-625-6118 or 625-2725

ADDRESS 413 W. 14th  
Hays, Kansas, 67601

PLUGGING CONTRACTOR Kelso Casing Pulling LICENSE NO. 6050

ADDRESS Box 347  
Chase, Kansas, 67524 PHONE # (316) 938-2457

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: [Signature]  
(Operator or Agent)

DATE: 3-5-86

6