

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 15-071-20,403-00-00 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR First Energy Corporation OPERATORS LICENSE NO. _____

ADDRESS 16701 Greenspoint Dr., #200, Houston, TX 77060 PHONE # (713) 875-5755
1650' FNL

LEASE (FARM) SLOAN WELL NO. 12(40)5 WELL LOCATION 330' FWL NW/4 COUNTY Greeley

SEC. 5 TWP. 16S RGE. 42W (E) or (W) (W) TOTAL DEPTH 5250' PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A XX SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8 5/8" SET AT 513' CEMENTED WITH 400 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 1st plug @ 2740' w/50 sx. 2nd plug @ 1770'
w/80 sx. 3rd plug @ 540' w/20 sx. 4th plug @ 40' Sol. Bridge w/10 sx. 10 sx./Rathole.
10 sx./Mousehole. 60-40 pozmix, 6% gel.

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO IS ACO-1 FILED? NO
(If not, explain)

Sent to operator for completion.

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 4:00 a.m., 10/30/85

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:

W.W. Towns (Toolpusher) PHONE # (913) 462-2123

ADDRESS R.R. #2, Box 657, Colby, KS 67701

PLUGGING CONTRACTOR Abercrombie Drilling, Inc. LICENSE NO. 5422

ADDRESS 801 Union Center, Wichita, KS 67202 PHONE # (316) 262-1841

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: Jack L. Partridge
STATE CORPORATION COMMISSION (Operator of Agent)

Jack L. Partridge, Vice President
November 18, 1985

NOV 22 1985 DATE: _____