

LEASE NAME Sage - TAYLOR ROELF

WELL NUMBER AD5CC #1-16

1320 Ft. from S Section Line

1320 Ft. from E Section Line

SEC. 16 TWP. 19 RGE. 39 (E) or (W)

COUNTY GREELEY

Date Well Completed 4-23-82

Plugging Commenced 8-25-95

Plugging Completed 8-26-95

TYPE OR PRINT  
 NOTICE: Fill out completely  
 and return to Cons. Div.  
 office within 30 days.

LEASE OPERATOR MIDWESTERN EXPLORATION CO.

ADDRESS PO BOX 1884, LIBERAL KS 67905-1884

PHONE# (316) 624-3534 OPERATORS LICENSE NO. 5263

Character of Well GAS

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 8-24-95 (date)

by RICHARD LACY (KCC District Agent's Name).

Is ACO-1 filed? YES If not, is well log attached? \_\_\_\_\_

Producing Formation UPPER WINFIELD Depth to Top 2850' Bottom 2856' T.D. 3220'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
UPPER WINFIELD	GAS & WATER	275'	0	8-5/8"	275	0
		3219'	0	4-1/2"	3219'	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set  
FOUND 4-1/2 TO BE STUCK @ 200". RAN 2-3/8 TO 2750'. CIRCULATE HOLE WITH MUD. MIXED 1 SK HULLS & 20 SX CEMENT TO PLUG PERFS FROM 2850' TO 2650". MIXED 20 SX FROM 1400' TO 1200', MIXED 20SSX 700 TO 500. MIXED 20SX 300' TO 100'. MIXED 5 SX 40 TO 0. PUMPED 30 SX CEMENT DOWN 4-1/2 TO 8-5/8 ANNULUS, PRESSURE TO 500 PSI. CAPPED 8-5/8 3' BELOW GROUND LEVEL.

Name of Plugging Contractor SARGENT & HORTON PLUGGING INC. License No. 31151

Address RT 1 BOX 49BA, TYRONE OK 73951-9731

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: MIDWESTERN EXPLORATION CO.

STATE OF KANSAS COUNTY OF SEWARD, ss. SEP 13 1995

DALE J. LOLLAR, VICE-PRESIDENT (Employee of Operator or Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) PO BOX 1884, LIBERAL KS 67905-1884



SUBSCRIBED AND SWORN TO before me this 11th day of September, 19 95

Mary Morgan  
 Notary Public

8-3-96

My Commission Expires: \_\_\_\_\_  
 USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1  
Rev.03/92

**WELL PLUGGING APPLICATION FORM**  
(PLEASE TYPE FORM and File ONE Copy)

API # \_\_\_\_\_ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR \_\_\_\_\_ KCC LICENSE # \_\_\_\_\_  
(owner/company name) (operator's)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CONTACT PHONE # ( ) \_\_\_\_\_

LEASE \_\_\_\_\_ WELL# \_\_\_\_\_ SEC. \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_ (East/West)

\_\_\_\_\_ SPOT LOCATION/QQQQ COUNTY \_\_\_\_\_

\_\_\_\_\_ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

\_\_\_\_\_ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ D&A \_\_\_\_\_ SWD/ENHR WELL \_\_\_\_\_ DOCKET# \_\_\_\_\_

CONDUCTOR CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

SURFACE CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

PRODUCTION CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION \_\_\_\_\_ T.D. \_\_\_\_\_ PBD \_\_\_\_\_ ANHYDRITE DEPTH \_\_\_\_\_  
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_

If not explain why? \_\_\_\_\_

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.

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

\_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ City/State \_\_\_\_\_

PLUGGING CONTRACTOR \_\_\_\_\_ KCC LICENSE # \_\_\_\_\_  
(company name) (contractor's)

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) \_\_\_\_\_

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: \_\_\_\_\_ AUTHORIZED OPERATOR/AGENT: \_\_\_\_\_  
(signature)