

RCW
03-23-98

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 15-077-01,006 0001 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR TXO PRODUCTION CORPORATION OPERATORS LICENSE NO. 5171

ADDRESS 1660 LINCOLN STREET, SUITE 1800, DENVER, CO. 80264 PHONE # (303) 861-4246

LEASE (BHM) WILLIAMS "QQ" WELL NO. 1 WELL LOCATION SW SW SE COUNTY HARPER

SEC. 2 TWP. 32S RGE. 7 (N or W) TOTAL DEPTH 3729' PLUG BACK TO 3687'

Check One:

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

SURFACE CASING SIZE 8 5/8" SET AT 240' CEMENTED WITH 200 SACKS

CASING SIZE 4 1/2" SET AT 3701' CEMENTED WITH 200 SACKS

PERFORATED AT STALNAKER 3546-52'

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL Dump 100 gal sand dn Csg., Dump ball 4 sxs

Cmt. Recover ± 2500' 4 1/2' csg. Plug surface w/4 sxs Hulls, 25 sxs 60-40 poz-mix w/6% gel, 1

sxs Hulls, 75 sxs 60-40 poz-mix w/6% gel.

(If additional space is needed use back of form)

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN TO BE COORDINATED WITH TXO & KCC OFFICES.

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:

LEAMON ROBRERSON PHONE # (316) 886-5605

ADDRESS P.O. BOX 125 B, Medicine Lodge, Kansas 67104

PLUGGING CONTRACTOR CLARK CORPORATION LICENSE NO. 5105

ADDRESS 107 W. Fowler, Box 187, Medicine Lodge, KS PHONE # (316) 886-5665

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

DATE: 2-22-89