

15-101-20038-00-00

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 9/30/72 (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR Murfin Drilling Comapny OPERATOR'S LICENSE NO. 6033

ADDRESS 250 N. Water Suite 300 Wichita, KS. PHONE # (316) 267-3241

LEASE (FARM) Nimocks Johns WELL NO. 1 WELL LOCATION C-SE NE COUNTY Lane

SEC. 16 TWP. 16S RGE. 28W (E) or (W) TOTAL DEPTH 4525' PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE 8 5/8 SET AT 161' CEMENTED WITH 135 SACKS

CASING SIZE 5 1/2 SET AT 4523' CEMENTED WITH 250 SACKS

PERFORATED AT 3880-86 4036-40 4050-54 4071-73 4104-08 4112-17 4124-27 4138-45'

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

PROPOSED METHOD OF PLUGGING WE WILL PLUG WELL ACCORDING TO THE RULES AND REGULATIONS OF THE STATE OF KANSAS.

(If additional space is needed use back of form.)

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____ ASAP

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 REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Murfin Drilling Company PHONE # (316) 267-3241

ADDRESS Same As Above

PLUGGING CONTRACTOR Relso Casing Pulling, Inc. LICENSE NO. 6050

ADDRESS P.O. Box 347 Chase, KS. 67524 PHONE # (316) 938-2943

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

Wichita, Kansas

SIGNED: [Signature]
(Operator or Agent)

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