

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-101-21,564-00-00 (of this well).

(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR Slawson Exploration OPERATOR'S LICENSE NO. 3988

ADDRESS 104 S. Broadway, Suite 200 Wichita, KS. 67202 PHONE # (316) 263-3201

LEASE (FARM) HERNDON "MM" WELL NO. 1 WELL LOCATION W/2 W/2 NE COUNTY LANE

SEC. 32 TWP. 17S RGE. 30 (E) or (W) TOTAL DEPTH 4590' 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 350' CEMENTED WITH 190 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING _____

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

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 12-21-90 1:45 AM

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:

L. D. Davis PHONE # (316) 793-3051

ADDRESS R.R. 1 Box 183 B Great Bend, KS. 67530

PLUGGING CONTRACTOR Allied Cementing LICENSE NO. _____

ADDRESS Great Bend, KS. 67530 PHONE # (316) 793-3051

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

SIGNED: ✓ L. D. Davis
(Operator or Agent)

DATE: December 28, 1990