

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 # 15-101-21,623-00-00 (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 Pickrell Drilling Company, Inc. KCC LICENSE # 5123  
(owner/company name) (operator's)

ADDRESS 110 N. Market, Suite 205 CITY Wichita,

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 262-8427

LEASE Horchem Trust WELL# 1-"A" SEC. 13 T. 16S R. 27 (~~East~~/West)

- SE - SW - SW SPOT LOCATION/QQQQ COUNTY Lane

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

990 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 8 5/8" SET AT 253'KB CEMENTED WITH 160 SACKS

PRODUCTION CASING SIZE                      SET AT                      CEMENTED WITH                      SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Bridge plug @ 40'.

ELEVATION 2675/2680 T.D. 4587' PBSD                      ANHYDRITE DEPTH 2082(+598)  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING 50sx @ 2115', 80sx @ 1300', 40sx @ 260', 10sx @ 40' w/  
bridge plug, 15sx rathole of 60/40 pozmix, 6% gel.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? No IS ACO-1 FILED? Yes

If not explain why? Electric Log was not run on this lease.

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:

Doyle Folkerts PHONE# (316) 793-5742

ADDRESS P.O. Box 1303 City/State Great Bend, Kansas 67530

PLUGGING CONTRACTOR Company Tools KCC LICENSE # 5828

ADDRESS 110 N. Market, Suite 205 - Wichita, KS PHONE # (316) 262-8427  
(company name) (CONTRACTOR)

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 5-28-92

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

DATE: 6-04-92 AUTHORIZED OPERATOR/AGENT: C. W. Sebts  
(signature)

C. W. Sebts, President

JUN 5 1992  
06-05-1992  
RECEIVED  
STATE CORPORATION COMMISSION  
Wichita, Kansas

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

LEASE OPERATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE#( ) \_\_\_\_\_ OPERATORS LICENSE NO. \_\_\_\_\_

Character of Well \_\_\_\_\_

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

The plugging proposal was approved on \_\_\_\_\_ (date)

by \_\_\_\_\_ (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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

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

Name of Plugging Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, ss.

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

(Signature) \_\_\_\_\_

(Address) \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public

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