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 # 15-109-20,606-00-00 (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 _____John O. Farmer, Inc._____ KCC LICENSE # ___5135___
(owner/company name)   (operator's)

ADDRESS _____P.O. Box 352_____ CITY _____Russell_____

STATE ___Kansas___ ZIP CODE ___67665___ CONTACT PHONE # (913) ___483-3144___

LEASE _____Nau_____ WELL#___1___ SEC.__6__ T._13S_ R._33W_ (XXXX/West)

_SE_-_SE_-_NE_-____ SPOT LOCATION/QQQQ COUNTY_____Logan_____

_2310__ FEET (in exact footage) FROM S/(N) (circle one) LINE OF SECTION (**NOT** Lease Line)

__330__ FEET (in exact footage) FROM (E)/W (circle one) LINE OF SECTION (**NOT** Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&A _X_ SWD/ENHR WELL ___ DOCKET#_____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE __8-5/8"__ SET AT ___257'__ CEMENTED WITH ____160____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _3044'/3049'_ T.D. _4653'_ PBTD _____ ANHYDRITE DEPTH __(Base)_2512'___
(G.L./K.B.)   (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING _____As recommended by KDHE_____

_____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _Yes__ IS ACO-1 FILED? ___Yes___

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:

_____John O. Farmer IV_____ PHONE# (913) ___483-3144___

ADDRESS _____P.O. Box 352_____ City/State _____Russell, KS 67665_____

PLUGGING CONTRACTOR _____Mallard JV, Inc._____ KCC LICENSE # ___4958___
(company name)   (contractor's)

ADDRESS __P.O. Box 1009, McPherson, KS 67460_____ PHONE # (316)___241-4640___

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____7:00 A.M., 12-24-95_____

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

DATE:___1-3-96___ AUTHORIZED OPERATOR/AGENT: _John O. Farmer III_
(signature)