

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 # 15-151-22,091-000 (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 Raymond Oil Co., Inc. KCC LICENSE # 5046
(owner/company name) (operator's)
ADDRESS P.O. Box 48788 Wichita, KS 67201 CITY Wichita

STATE Kansas ZIP CODE 67201 CONTACT PHONE # (316) 267-4214

LEASE Meigs WELL# 1 SEC. 31 T. 28 R. 13 (East/West)

NE- SW - SE - SPOT LOCATION/QQQQ COUNTY Pratt

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

1650 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE 10-3/4" SET AT 296' CEMENTED WITH 275 SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1970/1978 T.D. 4655' PBDT _____ ANHYDRITE DEPTH 800
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING 35 sx @ 4600', 50 sx @ 750', 60 sx @ 310', 15 sx @ 40'

(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 Armbruster PHONE# (316) 793-8366

ADDRESS P.O. Box 823 City/State Great Bend, KS 67530

PLUGGING CONTRACTOR Duke Drilling Co., Inc. KCC LICENSE # 5929
(company name) (contractor's)

ADDRESS P.O. Box 823 Great Bend, KS 67530 PHONE # (316) 793-8366

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 7.00 p.m. 11-05-92

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

DATE: 12-16-92 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)