

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 135-24032 0000 (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 RANKEN ENERGY CORPORATION KCC LICENSE # 3447
(owner/company name) (operator's)

ADDRESS 601 N. Kelly, Suite # 103 CITY Edmond

STATE Oklahoma ZIP CODE 73003 -4855 CONTACT PHONE # (316) 653-7368

LEASE Blakely WELL# 1-27 SEC. 27 T. 20s R. 26w (East/West)

- SW - SW - NW SPOT LOCATION/QQQQ COUNTY Ness

2970 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 SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 222.07 CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2970/2978 T.D. 4550 PBD _____ ANHYDRITE DEPTH (1710-1747)
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING (1st Plug @ 1750' w/50sks)(2nd Plug @ 900' w/80sks)

(3rd Plug @ 250' w/40sks)(4th Plug @ 40' w/10sks)(10sks In Mouse Hole)(15sks In Rat Hole)

205sks 60/40Poz 6%Gel w/1/4#FS/sk By Allied Cementing Completed @ 4:15PM 10/14/97
(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? _____ 10-31-1997

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:

Tom Larson PHONE# (316) 653-7368

ADDRESS 562 W. Hwy 4 city/state Olmitz, KS 67564-8561

PLUGGING CONTRACTOR Discovery Drilling, Inc. KCC LICENSE # 31548
(company name) (contractor's)

ADDRESS P.O. Box 763 Hays, Kansas 67601 PHONE # (785) 623-2920

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4:15PM 10/14/97

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

DATE: 10/29/97 AUTHORIZED OPERATOR/AGENT: _____
(signature)