

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

FORM CP-1
Rev.03/92

15-101-21532-00-01

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

API # 15-21,532-00-01 (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 The Dane G. Hansen Trust KCC LICENSE # 5285
(owner/company name) (operator's)

ADDRESS P.O. Box 187 CITY Logan

STATE Kansas ZIP CODE 67646 CONTACT PHONE # (913) 689-4816

LEASE Bryant "A" OWWO WELL# 1 SEC. 3 T. 19S R. 30W (East/West)

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

2270 FEET (in exact footage) FROM (S)/N (circle one) LINE OF SECTION (NOT Lease Line)

3020 FEET (in exact footage) FROM (E)/W (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS

SURFACE CASING SIZE 8 5/8" SET AT 347' CEMENTED WITH 180 SACKS

PRODUCTION CASING SIZE n/a SET AT CEMENTED WITH SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: n/a

ELEVATION 2881 KB T.D. 1554' PBTD ANHYDRITE DEPTH
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING 70 sx @ 1300', 50 sx @ 380', 10 sx @ 40',
10 sx in rathole, 10 sx in mousehole. Total 150 sx 60/40 pozmix, 6% gel.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? 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:

Harold Parsons PHONE# (913) 689-4816

ADDRESS P. O. Box 187 City/State Logan, Kansas 67646

PLUGGING CONTRACTOR Chief Drilling, Inc. KCC LICENSE # 5886

(company name) (contractor's)

ADDRESS 120 S. Market, #300, Wichita, KS PHONE # (316) 262-3791

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4-8-92.

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

DATE: 4/30/92 AUTHORIZED OPERATOR/AGENT: Dane G. Bales

(signature)
Dane G. Bales

RECEIVED
MAY 1 1992
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
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. _____

Date Well Completed _____

Character of Well _____

Plugging Commenced _____

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

Plugging Completed _____

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