

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

API # 165-21,673-00-00 (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 CORONADO OIL & GAS, INC. KCC LICENSE # 6141
(owner/company name) (operator's)

ADDRESS P.O. Box 1285 CITY Great Bend

STATE KS ZIP CODE 67530 CONTACT PHONE # (316) 792-6702

LEASE LEGLEITER WELL# A-1 SEC. 2 T. 16 R. 17W (East/West)

- NE - NW - NW SPOT LOCATION/QQQQ COUNTY Rush

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 1049' CEMENTED WITH 425 SACKS

PRODUCTION CASING SIZE -- SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: --

ELEVATION 1912/1917 T.D. 3505' PBDT -- ANHYDRITE DEPTH 1045/1076
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Per KCC recommendations

_____ 12-19-1994

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes IS ACO-1 FILED? herewith
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:

Allen Drilling Company PHONE# () 316/793-3582

ADDRESS P.O. Box 1389 City/State Great Bend, KS 67530

PLUGGING CONTRACTOR Allen Drilling Company KCC LICENSE # 5418

ADDRESS P.O.Box1389,Great Bend, KS 67530 PHONE # () 316/793-3582
(company name) (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (if Known?) Plugged completed 12:30PM, 12/03/94

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

DATE: 12-16-94 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)