

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-101-21,038-0000 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR D.G. Hansen Trust OPERATORS LICENSE NO. 5285

ADDRESS Box 187, Logan, KS 67646 PHONE # (913) 689-4816

LEASE (FARM) Walter WELL NO. #1 WELL LOCATION W/2 SW NW COUNTY Lane

SEC. 6 TWP. 18s RGE. 30 (E or W) TOTAL DEPTH 3996' PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A XX SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8 5/8" SET AT 322' CEMENTED WITH 200 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? attached
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 9:30 a.m. 9/12/84

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.

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Carl McGuire

PHONE # (913) 743-6346

RECEIVED

ADDRESS Box 955, WaKeeney, KS 67672

PLUGGING CONTRACTOR Allied Cementing

LICENSE NO. _____

ADDRESS P.O. Box 31, Russell, KS 67665

PHONE # (913) 483-2627

MAILED
10-9-84
CONSERVATION DIVISION
Wichita, Kansas

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT

SIGNED: _____

(Operator or Agent)
Susan L. Smith

DATE: October 2, 1984