

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 # 15-101-21,622-0000 (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 Pickrell Drilling Company, Inc. KCC LICENSE # 5123  
(owner/company name) (operator's)

ADDRESS 110 N. Market, Suite 205 CITY Wichita,

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 262-8427

LEASE Burnett WELL# 2-D SEC. 16 T. 18S R. 30 (~~East~~/West)

- C - SE - NW SPOT LOCATION/QQQQ COUNTY Lane County, Kansas

1980 FEET (in exact footage) FROM X/W (circle one) LINE OF SECTION (NOT Lease Line)

1980 FEET (in exact footage) FROM X/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 252'KB CEMENTED WITH 150sx SACKS

PRODUCTION CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION 2875'/2880' T.D. 4625 PBDT \_\_\_\_\_ ANHYDRITE DEPTH 2229'  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING 50sx @2280', 80sx @ 1200', 30sx @ 750', 50sx @ 285', 10sx @ 40', 15sx in rathole of 60/40 pozmix (6% gel), 1/4# Floseal/sx. Completed @ 11:15 PM on 5/05/92.

(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:

Doyle Folkerts

PHONE# (316) 793-5742

ADDRESS P.O. Box 1303 City/State Great Bend, Kansas 67530

PLUGGING CONTRACTOR Pickrell Drilling Company, Inc. KCC LICENSE # 5123  
(company name) (contractor's)

ADDRESS 110 N. Market, Suite 205 - Wichita, KS PHONE # (316) 262-8427

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 5-05-92

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

DATE: 5-15-92 AUTHORIZED OPERATOR/AGENT: C.W. Sebitts (signature)

C.W. Sebitts (signature) 5-20-92  
President

RECEIVED  
STATE CORPORATION COMMISSION  
MAY 20 1992  
CONSERVATION DIVISION  
Wichita, Kansas

API NUMBER right

LEASE NAME \_\_\_\_\_

WELL NUMBER \_\_\_\_\_

\_\_\_\_\_ Ft. from S Section Line

\_\_\_\_\_ Ft. from E Section Line

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W)

COUNTY \_\_\_\_\_

Date Well Completed \_\_\_\_\_

Plugging Commenced \_\_\_\_\_

Plugging Completed \_\_\_\_\_

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE OPERATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE#( ) \_\_\_\_\_ OPERATORS LICENSE NO. \_\_\_\_\_

Character of Well \_\_\_\_\_

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

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 that  
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