

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

LEASE OPERATOR Mid-Continent Energy Corporation

ADDRESS 105 S. Broadway Suite 900

PHONE#(316) 265-9501 OPERATORS LICENSE NO. 5202

Character of Well Oil

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

Date Well Completed _____

Plugging Commenced 9-9-96

Plugging Completed 10-7-96

The plugging proposal was approved on 8-23-96 (date)

by Richard Lacey (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation Cherokee Depth to Top 4188 Bottom 4192 T.D. 4300

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
Surface	Water	0	267	8 5/8	267'	0'
Production	Oil & Water	0	4299	4 1/2	4299'	0'

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
9-9-96 Pumped 200# hulls then 35 sx 65/35 poz 6% gel then 10 sx gel. shut off @ 3000 psi.
Pumped 15 sx cement down backside & pressured to 500 psi. 10-7-96. Spot plugs as follows:
30 sx @ 1411', 20 sx @ 719', 20 sx @ 313', 10 sx @ 40', Total 80 sx 65/35 poz 6% gel.

Name of Plugging Contractor Mid-Continent Energy Corporation License No. 5205

Address 105 S. Broadway, Suite 900; Wichita, Ks. 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Operator

STATE OF Kansas COUNTY OF Sedgwick, ss.

Bradley R. Buehler

(Employee of Operator) or (Operator) o

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) Bradley R. Buehler

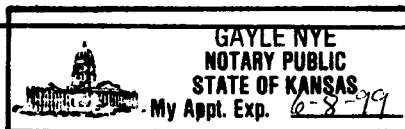
(Address) 105 S. Broadway, Suite 900

Wichita, Ks. 67202

SUBSCRIBED AND SWORN TO before me this 11 day of October, 19 96

Gayle Nye
Notary Public Gayle Nye

My Commission Expires:
USE ONLY ONE SIDE OF EACH FORM



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 # _____ (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 _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

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

_____ 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

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:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)

RECEIVED
KANSAS STATE CORP COM
NOV 07 1992