

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 # 15-203-20,103-0000 (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 GREAT PLAINS RESOURCES, INC. KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS P.O. BOX 369 CITY LITTLETON

STATE CO ZIP CODE 80160 CONTACT PHONE # (303) 979-4029

LEASE COAKES WELL# 1 SEC. 29 T. 20S R. 35W (East/West)

NW/4 - NE/4 NW/4 - SPCT LOCATION/QQQQ COUNTY WICHITA

_____ 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 _____ DEA X SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 265' CEMENTED WITH 60-40 posmix - 190 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. 5100' PETD _____ ANHYDRITE DEPTH 2279'-2293'
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING Fill w/heavy mud; set 1st plug @ 2350' w/50 sx; 2nd plug @ 1300' w/50 sx; fs3rd plug @ 650' w/50 sx; 4th plug @ 300' w/50 sx; 5th plug @ 40' w/10 sx; rathole 15 sx; Total 225 sx 60-40 posmix 6% gel 1/4# Floseal per sk.
(If additional space as needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACC-1 FILED? NO

If not explain why? _____ sent to Operator to complete.

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. sec. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

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

Gary Fisher PHONE# () _____

PERSONAL AND CONFIDENTIAL
ADDRESS Chaparral Inn Motel, 102 Main city/state Scott City, KS 67871

PLUGGING CONTRACTOR ABERCROMBIE RTD, INC. KCC LICENSE # 30684

ADDRESS 150 N. MAIN, STE 801, WICHITA, KS 67202 (company name) PHONE # (316) 262-1841 (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (if known?) 9:00 p.m. 4-19-94 (complete)

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

DATE: 5-16-94 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

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

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER _____

LEASE NAME _____

WELL NUMBER _____

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W)

ADDRESS _____

COUNTY _____

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 plugs 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 stated herein, and matters herein contained and the log of the above-described well as filed and the same are true and correct, so help me God.

(Signature) _____

(Address) _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____

RECEIVED
STATE CORPORATION COMMISSION

MAY 16 1994

Notary Public

My Commission Expires: -
USE ONLY ONE SIDE OF EACH FORM.

CONSERVATION DIVISION
Wichita, Kansas
Revised 05-81