

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 # 15-203-20,114-0000 (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 A.L. ABERCROMBIE, INC. KCC LICENSE # 5393
(owner/company name) (operator's)
ADDRESS 150 N, Main, Ste. 801 CITY WICHITA

STATE KS. ZIP CODE 67202 CONTACT PHONE # (316) 262-1841

LEASE UHLAND WELL# 2 SEC. 25 T. 20S R. 35 (East/West)

- N2 - NW - SE SPOT LOCATION/QQQQ COUNTY WICHITA

2310 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1980 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 283.66' CEMENTED WITH 290 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. 5050' PETD _____ ANHYDRITE DEPTH _____
(G.L./R.E.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Fill w/heavy mud; set 1st plug @ 2800' w/100 sx; 2nd plug @ 2300' w/50 sx; 3rd plug @ 1250' w/60 sx; 4th plug @ 650' w/50 sx; 5th plug @ 320' w/50 sx; 6th plug @ 40' w/10 sx; rathole 15 sx. Total 335 sx, 60-40 Posmix, 6% gel, # Floeal per sk.
(If additional space is needed attach separate page)

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

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-801 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# (913) 743-5555

ADDRESS 909 Church St. City/State Scott City, Mo.

PLUGGING CONTRACTOR ABERCROMBIE RTD, INC. KCC LICENSE # 30684
(company name) (operator's)

ADDRESS 150 N. Main, Ste. 801, Wichita, Ks. 67202 PHONE # (316) 262-1841

PROPOSED DATE AND HOUR OF PLUGGING (if known?) _____

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

DATE: August 18, 1994 AUTHORIZED OPERATOR/AGENT: Jack K. Wharton
(signature)

RECEIVED
STATE CORPORATION COMMISSION
AUG 22 1994
CONSERVATION DIVISION
WICHITA, KANSAS

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

WELL PLUGGING RECORD
 K.A.R.-62-3-117

API NUMBER _____

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 ACC-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
 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.