

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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-135-23,888-000 (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR Thoroughbred Associates OPERATOR'S LICENSE NO. 31514 X

ADDRESS 10 Colonial Court - Wichita, KS 67207 PHONE # (316) 685-1512

LEASE (FARM) Beck WELL NO. 1-10 WELL LOCATION C NW NW COUNTY Ness

SEC. 10 TWP. 20S RGE. 25W (E) or (W) TOTAL DEPTH 4531' PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE 8 5/8" SET AT 530' KB CEMENTED WITH 275sx SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

PROPOSED METHOD OF PLUGGING 50sx @ 1730', 80sx @ 850', 50sx @ 560', 10sx @ 40', 15sx
in rathole (total 205sx) of 60-40 poz, 6% gel, w/1/2# Floseal per sx. Complete @ 3:30 AM
on 6-21-95. STATE RECEIVED
SEP 12 1995

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? X IS ACO-1 FILED? yes X
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN Complete @ 3:30 AM on 6-21-95

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

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS Doyle Folkerts SEP 22 1995
9-22-95
CONSERVATION DIVISION
Wichita, Kansas

ADDRESS P. O. Box 1303 - Great Bend, Kansas 67530 PHONE # (316) 793-57

PLUGGING CONTRACTOR Pickrell Drilling Co. Inc. LICENSE NO. 5123

ADDRESS 110 N. Market, Suite 205 - Wichita, KS 67202 PHONE # (316) 262-8427

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

SIGNED: [Signature] X
(Operator or Agent)

DATE: 7-18-95 X

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 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.

(If additional description is necessary, use BACK of this form.)

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: _____