

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
130 South Market, Room 2078  
Wichita, Kansas 67202-3802

FORM CP-1  
Rev. 03/92

WELL PLUGGING APPLICATION FORM  
(PLEASE TYPE FORM and File ONE Copy)

API # 15-007-22519 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 Trans Pacific Oil Corporation KCC LICENSE # 9408  
(owner/company name) (operator's)

ADDRESS 100 North Main - Suite 1000 CITY Wichita

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 262-3596

LEASE Hoagland WELL # 1-21 SEC. 21 T. 32S R. 14 ~~NE~~/West)

NW - NW - SW - SPOT LOCATION/OOOO COUNTY Barber County, Kansas

2200 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

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

Check One: OIL WELL  GAS WELL  D&A  SWD/ENHR WELL  DOCKET# \_\_\_\_\_

CONDUCTOR CASING SIZE 13-3/8" SET AT 101.83 CEMENTED WITH 80 SACKS

SURFACE CASING SIZE 8-5/8" SET AT 1306' CEMENTED WITH 400 SACKS

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

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

ELEVATION 1933/1946 T.D. 5015' PBDT 5000' ANHYDRITE DEPTH \_\_\_\_\_  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

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?) 12:45 AM 09-17-96

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

DATE: 9/20/96 AUTHORIZED OPERATOR/AGENT: [Signature]  
(signature)

RECEIVED  
KANSAS CORP COM  
9-23-96  
1996 SEP 23 12:11