

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 15-077-21,227-00-80 (of this well).

(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR GALLOWAY DRILLING CO., INC OPERATOR'S LICENSE NO. 5783

ADDRESS 105 S. Broadway, #340, Wichita, KS PHONE # (316) 263-1793

LEASE (FARM) MANDEVILL WELL NO. 1 WELL LOCATION SE NW SE COUNTY Harper

SEC. 19 TWP. 34S RGE. 5W VENOX(W) TOTAL DEPTH 5200 PLUG BACK TD --

Check One:

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

SURFACE CASING SIZE 8-5/8" SET AT 250' CEMENTED WITH 180 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD (OR) PLUGGING _____ per KCC recommendations

STATE CORPORATION COMMISSION

JAN 31 1991

CONSERVATION DIVISION
Wichita, Kansas

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

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 1/02/91 7 AM

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.

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

PHONE # () _____

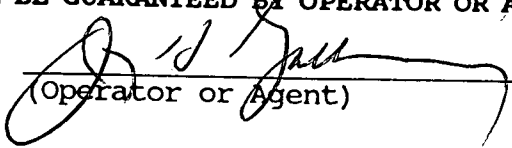
ADDRESS _____

PLUGGING CONTRACTOR ALLEN DRILLING COMPANY LICENSE NO. 5418

ADDRESS POBox 1389, Gt. Bend, KS 67530 PHONE # (316) 793-3582

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

SIGNED:


(Operator or Agent)

DATE: