

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 # 15-077-21298 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 Crescent Exploration L.L.C. KCC LICENSE # 31713  
(owner/company name) (operator's)

ADDRESS 5600 North May - Suite 330 CITY Oklahoma City

STATE Oklahoma ZIP CODE 73112 CONTACT PHONE # (405) 842-3199

LEASE Wencl WELL # 19-A SEC. 19 T. 34S R. 5 ~~XXXX~~/West)

SE - NW - SE - SPOT LOCATION/OOOO COUNTY Harper County, Kansas

1815 FEET (in exact footage) FROM (S) N (circle one) LINE OF SECTION (NOT Lease Line)

1445 FEET (in exact footage) FROM (E) (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 269' CEMENTED WITH 175 SACKS

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

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

ELEVATION 1238/1249 T.D. 3750' PBSD \_\_\_\_\_ 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? yes

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:

James D. Palm PHONE# (405) 842-3199

ADDRESS 5600 N. May Ave., Suite 330 City/State Oklahoma City, OK 73112

PLUGGING CONTRACTOR N/A KCC LICENSE # \_\_\_\_\_  
(company name) (contractor's)

ADDRESS \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 1:00 PM 03-17-96

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

DATE: 3-27-96 AUTHORIZED OPERATOR/AGENT: James D. Palm  
(signature)

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KANSAS CORP COM  
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