

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

FORM CS-1
Rev. 03/92

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

API # 15-007-22,442-00-00 (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 Oil Producers, Inc. of Kansas KCC LICENSE # 8061
(owner/company name) (operator's)

ADDRESS P.O. Box 8647 CITY Wichita

STATE Kansas ZIP CODE 67208 CONTACT PHONE # (316) 681-0231

LEASE Alexander B WELL# 2 SEC. 7 T. 33 R. 12 (East/West)

Approx. 100' W of NE SW SW SPOT LOCATION/XXXX COUNTY Barber

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

4390 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 226' CEMENTED WITH 155 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. 3840' PSTD _____ 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? NONE 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:

Oil Producers, Inc. of Ks./Duke Drilling CORPONE# () 316 681-0231

ADDRESS _____ CITY/STATE Wichita, Ks. 67208

PLUGGING CONTRACTOR Duke Drilling Co. KCC LICENSE # _____
(company name) (contractor's)

ADDRESS Wichita, Ks. 67202

PROPOSED DATE AND HOUR OF PLUGGING (if known?) 06-06-94 5:15 a.m.

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

DATE: 10/10/94 AUTHORIZED OPERATOR/AGENT: _____

John S. Weir (signature)
John S. Weir