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

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

API#_15-007-224920000(Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicated spud or completion date.

WELL OPERATOR___Bison Production Company_____KCC LICENSE #_[31532]
(owner/company name)   (operator's)

ADDRESS_9320 E. Central_____CITY__Wichita_____

STATE__Kansas_____ZIP CODE__67206_____CONTACT PHONE # (316)_636-1801_____

LEASE__Leibst_____WELL#_1-12__ SEC._12_T._31__R._11_ (East/**West**)

__C__-_SE_-_SE_-_____SPOT LOCATION _____COUNTY_Barber County_Kansas_____

__660___FEET (in exact footage)FROM S/N (circle one) LINE OF SECTION (**NOT** Lease line)

__660___FEET (in exact footage) FROM E/W(circle one) LINE OF SECTION (**NOT** Lease line)

Check One: OIL WELL ____GAS WELL_____D&A_xx__SWD/ENHR WELL____ DOCKET#_____

CONDUCTOR CASING SIZE_____SET AT_____CEMENTED WITH_____SACKS

SURFACE CASING SIZE___8 5/8"_____SET AT_216_____CEMENTED WITH___165_sx_____SACKS

PRODUCTION CASING SIZE_____SET AT_____CEMENTED WITH_____SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:_____

ELEVATION____1775_____T.D._4578'___PSTD_____ANHYDRITE DEPTH_____
(G.L./K.B)   (Stone Corral Formation)

CONDITION OF WELL: GOOD__xx_____ POOR_____CASING LEAK_____JUNK IN HOLE_____

PROPOSED METHOD OF PLUGGING_____per State Requirements _____

_____

_____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED?__NO_____IS ACO-1 FILED?_____

If not explain why?____None Run_____

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:

_____Steven C. Anderson_____ PHONE# (316)_636-1801_____

ADDRESS__9320 E. Central_____City/State___Wichita, Kansas _____

PLUGGING CONTRACTOR____Duke Drilling Co. Inc._____KCC LICENSE#__5929_____
(company name)   (contractor's)

ADDRESS_310 W. Central_____PHONE# (316)_267-1331_____

PROPOSED DATE AND HOUR OF PLUGGING (If known?)____1-16-96____3:30 AM_____

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

DATE:_2-7-96____AUTHORIZED OPERATOR/AGENT:_____
(signature)