

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 # 15-077-21311 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 William H. Davis KCC LICENSE # 04511
(owner/company name) (operator's)

ADDRESS 2800 Mid-Continent Tower CITY Tulsa

STATE Oklahoma ZIP CODE 74103 CONTACT PHONE # (918) 587-7782

LEASE Lear WELL # 1 SEC. 11 T. 35S R. 7 ~~XXXX~~ (West)

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

2060 FEET (in exact footage) FROM S (circle one) LINE OF SECTION (NOT Lease Line)

430 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 254.61' CEMENTED WITH 185 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1356/1364' T.D. 4260' PBDT 4200' ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Cement plugs and drilling mud as per instructions

of the State Corporation Commission

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes 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:

PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE # _____
(company name) (contractor's)

ADDRESS P.O. Box 368 Medicine Lodge, KS 67104 PHONE# () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 5:15 PM 10-06-96

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

DATE: 11/5/96 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)