

15-007-22139-0000

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 7-17-86 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR BOWEN OIL COMPANY OPERATORS LICENSE NO. _____

ADDRESS 720 NORTH MAIN, HUTCHINSON, KANSAS 67501 PHONE # () _____

LEASE (FARM) ANGEL WELL NO. 5-2 WELL LOCATION C NE NE COUNTY BARBER

SEC. 2 TWP. 33S RGE. 14W (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE 8 5/8 SET AT 300 CEMENTED WITH 200 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

125 sks. 60-40 poz. 1940' 50 sks., 330' 40 sks., 40' 10 sks, 15 sks. rathole, 10 sks. mousehol

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES IS ACO-1 FILED? _____
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 8:00 P.M. 7-17-86

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.

RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KANSAS

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS
PAUL LUTHI PHONE # () _____

ADDRESS _____

7-22-86
JUL 22 1986

PLUGGING CONTRACTOR BJ TITTAN LICENSE NO. _____

ADDRESS MEDICINE LODGE, KANSAS PHONE # () _____

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: Michael W. Kurb
(Operator or Agent)

DATE: 7-21-86