ORIGINAL

FORM CP-1 Rev.03/92

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market, Room 2078
Wichita, Kansas 67202-3802



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

API # $\frac{15-007-221390001}{\text{drilled since 1967; if no API# was issued, indicate spud or completion}}$	listed for date.
WELL OPERATOR R&B 011 & Gas (owner/company name) ADDRESS P.O. Box 422 (Operator)	31191
ADDRESS P.O. Box 422 (owner/company name) CITY Attica	or's)
STATE Kansas ZIP CODE 67009-0422 CONTACT PHONE # (316 2	254-7972
LEASE Angel "OWWO" WELL # 5-2 SEC. 2 T. 33 R. 14 X	CXXX /West)
C-NE - NE - SPOT LOCATION/0000 COUNTY Barber County, Kansas	
4620 FEET (in exact footage) FROM LOVE (circle one) LINE OF SECTION (NOT LO	ease Line)
	ease Line)
Check One: OIL WELL GAS WELL D&A _X SWD/ENHR WELL DOCKET#	
CONDUCTOR CASING SIZE SET AT CEMENTED WITH	SACKS
SURFACE CASING SIZE 8-5/8" SET AT 300' CEMENTED WITH	SACKS
PRODUCTION CASING SIZE SET AT CEMENTED WITH	SACKS
LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:	
ELEVATION 1946/1954 T.D. 393 PBTD 4751 ANHYDRITE DEPTH (Stone Corral Format	ion)
CONDITION OF WELL: GOOD X 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? NO IS ACO-1 FILED?	NT -
If not explain why? We are sending it in now.	_NO
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND	THE DILES
AND REGULATIONS OF THE STATE CORPORATION COMMISSION.	THE ROBES
LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPE	RATIONS:
Randy Newberry PHONE# (316) 254 7251	
ADDRESS P.O. Box 195, City/State Attica, KS 67009	
PLUGGING CONTRACTOR <u>Duke Drilling Co. Inc.</u> KCC LICENSE #_ (contract	5929 or's)
ADDRESS P.O. Box 823, Great Bend, KS 67530 PHONE# (316 793 834	,6
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) October 18, 1997 4:00 PM	
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GY MANTEED BY OPERATOR O	R AGENT
DATE: 11-16-97 AUTHORIZED OPERATOR/AGENT: (Signature)	n4
(Siquature)	لب